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HYPNOTIC POWER

By the Same Author

Practical Time Travel

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HYPNOTIC POWER

*Its Cultivation, Use, and Application
to Psychotherapy*

By

COLIN BENNETT

Fourth Impression



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FOREWORD

THE plan of this book, if it can be dignified by being called a plan—is to start by assuming that its readers have no insight at all, either into practical methods or current explanations of hypnotic technique. Hence its earlier chapters deliberately approach the subject in the same way that the novice has to approach it; making a temporarily commandeered sitting-room serve in place of a specially equipped consulting-room; while interested, or even mildly amused, friends and relatives provide the necessary hypnotic subjects.

Though far from ideal in one way, this form of introduction to practical hypnotism has its own very good points. It is not easier, but much harder, to get notable results under such circumstances than when attempting to influence people who present themselves with minds wholly serious and filled with hope of benefits which your power promises to confer upon them. Hence the very amateurishness of the manner in which you learn the rudiments of the hypnotic art within your own social circle provides a basis of greater confidence later on.

In his book, *Hypnotism : Its History, Theory and Practice*, Dr. J. Milne Bramwell recounts how, as an established medical man of experience, he found his earliest attempts at inducing hypnosis in regular patients gave an unduly high percentage of success, which was not so well maintained when he widened the sphere of his labour to include persons who had not previously been his patients for orthodox medical and surgical treatment. The kind of start outlined in the following pages reverses that experience.

In later chapters of the book I have tried to make the approach to our subject progressively less elementary and more professional, at the same time indicating various uses of hypnotic, hypnoidal, and even semi-hypnoidal suggestion not dealt with in most current works on medical hypnotism, though well worth serious attention. Also, I have not excluded all mention of psycho-analytic methods where the hypnotic therapist may find himself in need of them to reinforce the permanence of his work, or altogether driven down upon them through a patient's total resistance to hypnotic technique.

Whether this book will fall into the hands of the medical fraternity, and what its members may think of the author when they have read it, must be left on the knees of the gods ; but I should like to add that my esteem for the noble and self-sacrificing work of the general practitioner is as great as my wonder

at the ultra-cautious attitude he traditionally adopts to new methods of treatment. Precious lives, and sometimes more precious peace of mind, may be sacrificed by holding back from action just as much as by doing the wrong thing.

COLIN BENNETT.

PREFACE TO THE FOURTH EDITION

WHEN this book made its first appearance British stage hypnotic displays were thought to be a thing of the past. No other textbook then obtainable so much as spared them a passing reference, and it was with something of an inward chuckle that Chapter X was written. All this has now changed.

As with fashion in dress, so the hypnotic fashion has travelled the full cycle: the rows of chairs and the good-looking and commanding hypnotic master of ceremonies are once again all the vogue. Can it be doubted that so tempting a bait would lure forth the kill-joys from their lairs to 'do something about it'? And so there are rumours of a movement to stamp upon public hypnotic shows. Recently, one of our popular national newspapers even discovered, out of the hundreds of thousands of people so hypnotized, no less than six instances of girls who had

reverted to trance-like states after returning home.

Does anyone think this country can have come through two world wars in a single generation without producing a small proportion of hysterically unbalanced folk liable to trances—or 'vapours' as our great-grandparents would have called them—on any trifling occasion?

Before you decide to be one of those who would put hypnotic practice into chains, may I respectfully ask you to turn to Chapter XXI, and there read something about those mistakes which fully qualified medical practitioners may, and often do, make when faced with difficulties that any hypnotist would have known how to handle.

COLIN BENNETT.

CONTENTS

CHAPTER	PAGE
FOREWORD	ix
PREFACE TO THE FOURTH EDITION	xi
→ I. WHAT IS HYPNOTISM ?	15
II. GREAT NAMES OF THE EARLIER DAYS. AN HISTORICAL OUT-LINE	20
III. HYPNOTIC SUSCEPTIBILITY	30
IV. HYPNOTIC STATES AND METHODS IN BRIEF	38
V. EARLY HYPNOTIC EXPERIMENTS	46
VI. TESTS FOR HYPNOSIS. CULTIVATING THE FIXED GAZE. AUTO-SUSCEPTIBILITY	54
→ VII. HYPNOTIC SYSTEM AND SAFEGUARDS	60
VIII. SOME USES OF HYPNOTIC AND POST-HYPNOTIC SUGGESTION	64
IX. SUGGESTION DURING NATURAL SLEEP	73
→ X. STAGE HYPNOTISM	78
XI. HYPNOTIC CATALEPSY	84
XII. THE REFRACTORY SUBJECT	89
→ XIII. CURATIVE POWER AND DANGER	98

CONTENTS

CHAPTER		PAGE
XIV.	DURABILITY OF SUGGESTION AND ITS INCREASE	106
→ XV.	SELF-HYPNOTISM	112
XVI.	HYPNOTISM IN MENTAL ANALYSIS	118
XVII.	SUGGESTION BY CORRESPONDENCE	128
XVIII.	THE HYPNOTIC FACTOR IN PSYCHIC MEDIUMSHIP	134
XIX.	PSYCHO-ANALYTIC THEORY OF HYPNOSIS	141
→ XX.	WHAT IS HYPNOTISM? . . .	146
XXI.	THE FUTURE OF HYPNOTIC PRACTICE	153

Hypnotic Power

CHAPTER I

WHAT IS HYPNOTISM ?

THE practice of hypnotism is as straightforward as its theory is involved. A good hypnotic subject can be got under the influence almost as quickly as you can snap over a switch to turn on the electric light. In each instance there is the effect, but just what has brought it about ? What is electricity ? What is hypnotism, or, as it once used to be called, mesmerism ?

(Plenty of theories are available.) In one modern text book alone (Dr. Milne Bramwell's *Hypnotism : Its History, Theory and Practice*), something like fifty thousand words, or a hundred and fifty closely printed pages, are given over to various theories, hardly any of which are in substantial agreement with one another. (At different times and by different authorities it has been represented as 'animal magnetism', as a subtle 'fluid' (even as

electricity itself has been pictured as a 'fluid'), as a form of sleep, as a splitting of the personality, as fascination, the concentration of the mind upon a single idea, and so forth. For every one of these more or less contradictory explanations both experimental verification and experimental contradiction are forthcoming.)

On the moral side, hypnotism has been presented as a force for good, a force for evil, and a phenomenon of natural science pure and simple. On the score of utility it has been put forward as anything from the world's most subtle and all-persuasive motive force to a method of obtaining transitory relief in mild functional nervous ailments, or even a rather silly parlour trick.

Snakes and wild animals are said to fascinate their prey with their gaze. That would suggest a special power given out for the purpose, but for a simple experiment anyone can try upon a domestic fowl. For this, all you need to do is to draw upon the ground a straight white chalk line about three feet in length, with a short cross-line near one end. Stand the fowl at the end of the chalk line with its beak touching the ground at the point where the cross-line intersects. If the fowl is susceptible (as many of them are), it will remain perfectly still, as though rooted to the spot.

In this experiment the source of fascination is quite inanimate, so here we are compelled to look for our mysterious magnetic force in the creature fascinated rather than in the

fascinator. However, the hypnotised fowl experiment has another interest which lies in its bearing upon the very popular belief that all hypnotic phenomena are due to suggestion, either expressed or implied. There is difficulty in explaining how a chalk line can suggest cataleptic immobility to a barn-door fowl. That hypnotism does owe much to suggestion is none the less certain, though so does everything else that has to do with human intercourse.

(According to fiction, hypnotism is a way by which evil-minded people of strong will can impose upon others whose wills are weak. It has also been represented as an unfair means of heightening the ascendancy of intelligent people over the unintelligent, or even of getting otherwise blameless folk to commit immoral or criminal acts. Well-informed medical practitioners who have specialised in hypnotic treatment take an entirely different view, claiming that the influence works most strongly upon people of high and well-balanced intelligence ; that it is incapable of being used to foster criminal action in the otherwise well-disposed, and is a potent force for improving health and strengthening the personality *so long as it is left wholly in the hands of the medical profession*) (that same medical profession which, up to the time of the Great War, had turned their backs upon hypnotic practice almost to a man).

Quite clearly, whatever else this hypnotism

is or is not, it is a force of strange origin, capable of doing a great many odd things. As it is also an extremely easy force to wield, there would seem to be no reason why we should not learn about how it works. We may follow that up if we wish by making harmless tests either upon others or upon ourselves, for self-hypnosis is by no means the least useful of the many applications of the hypnotic state.

In the earlier chapters which follow, we are going to tackle our subject from an elementary and at the same time essentially practical angle. Knowing beforehand that the 'why' of it has never been thoroughly explained, we will concentrate rather upon attaining sufficient proficiency to be able to use the power at suitable times and for appropriate purposes. If further insight into the probable nature of that power should meanwhile come to us also, that will be so much the better.

While Eastern races, particularly Indians and Tibetans, are credited with hypnotic practice far ahead of anything known to the Western world, general European interest may fairly be said to have been first aroused by treatments given by Mesmer in Paris, a little over a century and a half ago. In the next chapter will be found a brief history of Mesmer's work and also that of some of the better-known pioneers who followed him and introduced hypnotic practice into this country.

This outline of the work of the pioneers is included, not so much for its historical interest as because these accounts of early hypnotic experiments give a useful insight into the why and wherefore of present-day methods.

CHAPTER II

GREAT NAMES OF THE EARLIER DAYS. AN HISTORICAL OUTLINE

IN the year 1778 there arrived in Paris a German doctor of the name of Friedrich Antoine Mesmer. He had been virtually 'kicked out' of Vienna for unorthodox medical theories and methods of treatment. Truth to tell, he had 'asked for it' from the very day when, two years before, he delivered an address on "The Influence of the Planets on the Human Body"

You can imagine the sort of reception a newly qualified medical student of the present day would be likely to get if he drew attention to himself by giving an address on the "Value of Astrology as an Aid to Diagnosis". But this was not the only, nor yet the worst, way in which Mesmer, at the age of forty-two, had begun to fall foul of Viennese public opinion.

Somehow or other he had got into touch with a couple of Jesuit priests named Hehl and Gassner. Hehl had supplied Mesmer with a set of magnetised steel plates which, when laid upon the body, were claimed to

have a curative effect. Gassner had imparted the secret of strengthening this effect by moving one's hands over the diseased part of the body, the movement being known as 'passes'. And Mesmer, unmindful of the disfavour in which his profession held treatments coming from unqualified sources, not only tested the magnets and the passes, but approved of them, and allowed it to be known that he used these 'quack' remedies in his own practice.

Mesmer reaped the reward as well as the punishment for flouting popular medical opinion. Before he had been in Paris long he had so many people crowding to him for treatment that it became necessary to remodel his method rather on factory lines. Thus came into existence the famous mesmeric 'baquet', a large oaken tub containing pounded glass, iron filings, and water, from which projected a number of metallic rods. People took hold of the rods, and of the hands of other people. Meanwhile Mesmer, majestic in tail-coat, with a smaller magnetic rod in his hand, strode among his patients, 'fixed them with his glittering eye', and pointed the rod at the supposed seat of their disease. Now and again he made passes in contact with their foreheads, arms, and bodies, which as often as not sent them into drastic convulsive attacks from which cures frequently sprang. Mesmer would not even stop at this.

He propounded a series of hypotheses which

more than ever earned for him the label of charlatan. He said that the body was controlled by the nerves, that nerve action was controlled by a 'fluid', and that the fluid, being magnetic in nature, was capable of being set in motion and its flow directed by magnetised metal, or by the animal magnetism given out in the act of making passes similar to those taught him by Gassner, the Jesuit priest.

Before Mesmer had time to consolidate his position and wear down scepticism the French Revolution overtook Paris and he was forced to retire to Switzerland, where he died. No one denies that he did achieve many remarkable and spectacular cures.

In the year 1814 another French priest, the Abbé Faria, who, following Mesmer, had taken to experimenting in mesmerism, for the first time put forth the view that it might have a subjective origin, or in other words, that the mesmeric state might be due to subtle changes in the mind or body of the mesmerised subject rather than owing its power to any 'magnetic fluid' transmitted from outside. At the present day this is (rightly or wrongly) a generally accepted belief.

Mesmer's earliest disciples, notably the Marquis Chastenet de Puysegur and J. P. F. Deleuze, meanwhile continued to work upon the magnetic fluid hypothesis and obtained results which were remarkable enough to be worthy of serious study even at this late time

of day. De Puysegur, among other extraordinary phenomena, was probably the first man to experiment with what has become known as hypnotic diagnosis. In 1812 he wrote :

“Of all the facts of magnetism the most inexplicable . . . is the vision possessed by patients in a state of somnambulism in reference to the sufferings of others, and the knowledge they show of the remedies and measures necessary for their cure. . . . The fact is real and as certain as the other manifestations of somnambulism already recognised.”

De Puysegur extended Mesmer's idea of treatment on mass production lines by magnetising trees and letting his patients take their cures by the simple and pleasant method of sitting in the shade of the branches.

Deleuze was equally positive of the validity of the magnetic fluid theory, and says in his work, *Practical Instructions in Animal Magnetism*, published in 1825 :

“I employ the expression Magnetic Fluid because I believe in the existence of such a fluid, though its nature is unknown.”

The man chiefly responsible for introducing hypnotism into England was Dr. John Elliotson,

who in 1837 began to use it at University College Hospital, London, for painless surgical operations. The name hypnotism (from *Hupnos*, sleep) coined as a less objectionable and more scientific synonym for mesmerism, was not invented till later, being first used by Dr. James Braid in 1843. Elliotson had no sooner demonstrated that by means of mesmeric influence he could get patients into a state wherein limbs might be amputated without pain, with greatly diminished post-operative shock, and without objectionable after effects, than his medical colleagues set themselves to chivy and annoy him with the intolerance which we now know to be a symptom of subconscious fear. As with Mesmer before him, they set themselves to make things too hot for Elliotson, and this notwithstanding that but for his energies University Hospital would never have been built.

When will mankind learn by experience? In 1846 Dr. Elliotson's turn came to deliver the Harveian Oration, and, just as Mesmer has set his fellow practitioners by the ears by lecturing on medical astrology, so now Elliotson turned his own oration into a lecture on 'Mesmerism', as at that time it was still generally called. In this oration Elliotson made a strong plea that his listeners should study the subject calmly and dispassionately, reminding them of a long list of valuable medical discoveries all of which doctors had 'turned down' when they were first brought

to notice. The list included the discovery of the lacteal vessels, the sexual system of plants, the circulation of the blood, and the value of chest sounds in diagnosis of diseases of the heart and the lungs.

Had his oration been delivered a few years later it might have included other instances, such as the value of the stethoscope, the use of ether and chloroform, and so forth. However, what he said was enough.

Elliotson might have saved himself the trouble. A Greater Than He had pointed out some 1800 years before that to argue with prejudice is a foolish waste of breath. He met the fate which had overtaken Mesmer before him.

Elliotson believed that clairvoyance was a reality and could be helped by the mesmeric trance. Today there is still but little medical opinion which supports this view, though it may provide food for thought that thirty years ago there was practically none.

The first British hypnotic practitioner who seems to have been given a measure of official support was James Esdaile, a Scottish doctor, who from 1845 onward made use of deep hypnosis for painless surgery at various Indian hospitals, of which he was from time to time in charge. Esdaile's work, which included the removal of tumours weighing nearly a hundred-weight, and so enormous that they had to be hauled from the skin by block and tackle, makes gory but convincing reading. Evidently

he was not a believer in the special efficacy of his own animal magnetism, for he soon gave up the actual work of hypnotism, this being done by a trained assistant before he started to operate.

The Indian medical journals attacked Esdaile roundly, saying that the natives operated upon were impostors who pretended they felt no pain 'to please him'.

With the hypnotic work of Dr. James Braid, which started in 1842, we find our subject settling down upon the lines to which it has kept more or less ever since. Braid seems to have been the earliest hypnotic practitioner to **make his patients stare at a bright, inanimate object until the eyes tired and they became somnolent, following this up with pressure on the eyelids and verbal suggestions of sleep.** As time went on he came to rely more and more upon verbal suggestion. Like Mesmer and Elliotson, Braid prepared a paper on the subject of hypnotism with the object of reading it before a medical gathering—this time the Medical Section of the British Association assembled at Manchester in 1842. His offer was refused.

At this point there is a break in the history of hypnotism as applied to medicine and surgery in Great Britain, brought about by the tardy acceptance of chloroform and ether for painless operations. In France, Dr. A. A. Liebault at Nancy continued to use hypnotic anaesthesia for operating upon peasants who either could not, or would not, pay the price

21

of drug-induced unconsciousness. Hypnotic clinics were later run by Dr. Bernheim at Nancy and by Charcot at Paris. In Berlin, Dr. Moll achieved a reputation as a qualified hypnotic practitioner, but little more was accomplished in England until comparatively recent times, when we come to the work of Drs. Lloyd Tuckey and Morton Prince, and later still to that of Wingfield, Bramwell, and Hollander. Dr. Bernard Hollander, in addition to being a hypnotist of wide experience, affords an interesting psychological study in that he did not dismiss out of hand Mesmer's theory of a subtle, impalpable fluid transmitted by the hypnotist to the subject. He also believed with Elliotson that the hypnotic trance afforded an appropriate vehicle for telepathy, and possibly for clairvoyance.

If, during the middle and end of the nineteenth century, the medical fraternity adopted a general attitude toward hypnotic practice wherein a deep suspicion of the unknown fought with simple disbelief, there were other 'unqualified' but bright-brained men who acted very differently. A system whereby human beings might, without expensive apparatus or difficult technique, be made to behave in public in a way that was both odd and often amusing, was worth developing as an exhibition. Hence arose the stage hypnotic show, to which uproarious audiences came to see their fellow townsfolk make fools of themselves.

Sometimes their hopes were rewarded by the spectacle of a respectable gentleman, such as the local undertaker, being made to imagine himself a negro Christy minstrel and act accordingly, or by the postman being made to believe he had a caterpillar inside his shirt. Often the show boiled down to a series of more or less embarrassing tricks played upon professional hypnotic subjects 'travelled' by the stage hypnotist from town to town, and drawing a regular weekly salary for their services. More will be said of this in the chapter dealing with stage hypnotism.

These shows flourished best in the United States of America, where slap-stick humour of the ultra-full-blooded type fitted in well with the hearty conditions of a new country. They also had their vogue in Great Britain till about the close of last century, when the bad taste with which they were often conducted caused them to be killed by popular opinion.

While the stage hypnotic show was usually more or less coarse and often contained an admixture of humbug ; and though many of the 'professors' who officiated were possessed of not even a smattering of science—their one object being to play to the gallery—I have no record of any harm whatsoever done to the subjects upon whom they experimented. Considering the power they exercised and the blindness with which many of them wielded it, that in itself is saying a good deal.

Not all of the old-time stage hypnotists

were thick-skinned or devoid of scientific attainment. One of them, who is also a brilliant inventor as well as being a personal friend, gave me the following account of an experience of his own when a young man. It suggests that any real danger in hypnotism may be not so much for the subject as for the hypnotist.

One evening, after the turn was over at the music-hall where he was appearing, a member of the audience came round from the front of the house with a request that my friend would give hypnotic treatment to his son lying ill in a neighbouring town, with what was believed to be a painful functional nervous disease. The hypnotist agreed to go, caught the next train, and duly arrived at the address given him. He rang the bell several times, but, the door remaining unanswered, went away again, disgusted to have made a wasted journey. Next day he learned that just before he had rung the bell the patient had collapsed and died. Had my friend arrived a quarter of an hour earlier, death would have occurred during treatment, and everyone would have thought the 'quack' hypnotist responsible. A near shave !

CHAPTER III

HYPNOTIC SUSCEPTIBILITY

If you have little previous experience as a hypnotist, it is very important that the people upon whom you practise shall be reasonably good hypnotic subjects. (On an average, about one in three people met with in ordinary life is likely to be easy to get to a fairly deep stage of hypnosis without any great expenditure of time or skill.)

Usually the best subjects conform to the following requirements. They should be :

* Healthy, only moderately imaginative.
Of good average intelligence and will-power.

Reasonably interested in the subject and with sufficient confidence in you to have no fear.

(People who are afraid of the idea, and those who suffer from 'nerves', or from what doctors call hysterical or neurotic ailments, make exceptionally poor hypnotic subjects for the learner, though functional nervous disorders

are easy for an experienced hypnotist to relieve or cure.

* Some practitioners hold that fair-haired people of placid 'Nordic' type are more easily hypnotised than dark-haired people of Latin type.)

(Having settled upon the sort of person most likely to give quick results, the next thing is to select suitable individuals. This is done by making tests for susceptibility.) The earliest of them need not be announced as pre-hypnotic tests at all. In point of fact, at this stage any simple test for general receptivity to suggestion will do.

A well-known quip, which none the less may be made to serve its purpose as a test of susceptibility to suggestion, can be tried out as though casually—in fact, the more casually the better. Having turned the conversation on to the subject of truthfulness, you continue somewhat in this fashion :

125x "There was a man I knew who could never tell the truth when a falsehood would serve. I wasn't a bit surprised to discover one day that he had a small hair growing on the palm of his hand, for you probably know that you generally find hair on the palms of people who tell stories." Test

As you come to the end of this harangue you keep an eye on your hearers to see which of them surreptitiously look into their own hands. If any do so, on no account comment upon it at the time, but remember them as

31

worth roping in for your experiments, if you can get them to agree. Obviously, the above test is capable of many simple variations.

The following test of general susceptibility to suggestion is made quite openly. It serves a double purpose, for it reveals the over-nervous or antipathetic person before the subject of hypnotism has been named. You say you have the power of causing the back of the hand to become red and hot by willing it to. Proceed to press very lightly with the tip of your forefinger upon the hand of whoever volunteers for the test, saying, "You will soon find the flesh beginning to grow warmer. It is beginning already. I can feel the extra heat. See, the skin is reddening. Concentrate your mind and you will notice it happening."

Continue in this way with the suggestion of warmth, and in a great number of instances the subject will agree. The more he accepts the idea, the more will blood be drawn to the locality under test, the physiological action of dirigation reinforcing mental suggestion to produce the desired result. A successful experiment of this kind affords an excellent opportunity for arousing a more serious interest in suggestion, and the value which might lie in carrying the tests further.

Never attempt to hypnotise people who hold it in fear, or undertake any hypnotic experiment, however trivial, in a spirit of levity or bravado. At the present stage the necessary power should be regarded as wholly drawn

from the subject. The arousal of his genuine interest is the one safe way by which that power may be released.

A test of susceptibility coming half-way between simple and hypnotic suggestion is the following, which works exceptionally well with intelligent children, and quite well with many adults also. The reason why children often react better to it is that they accept it at its face value as an interesting parlour trick, and do not look for any deeper implication :

You say : "Do you know that it is possible to lift up a person's hand without touching it at all ? If you like I will show you how."

This offer is almost certain to meet with smiling agreement. Then sit the subject at a table, preferably one with a plain polished wood top. Rest the arm and hand to be experimented upon flat on the table from elbow to finger-tips, and palm downward. Then say, "I am going to pass my fingers lightly down your arm, and as I do so the hand will get to weigh less and less until it rises up of itself and floats free of the table top. Don't raise it yourself, but just let it rest naturally, without deliberately pressing downward when it wants to float."

You proceed to stroke the arm lightly and slowly with your hand, starting at the elbow and working downward to the finger-tips. After five or six strokes you say, "I think it is beginning to press less heavily." At the same time you make to scrutinise the contact of the

hand with the table, and repeat : "Yes. It is certainly becoming lighter. You begin to feel that yourself, don't you?"

By now there is much interest and, except in exceptional instances, from half a minute to a minute is sufficient to get the hand actually raised off the table top without conscious volition on the part of its owner.

Should the test fail, do not accept the failure as your own, for, quite truthfully, it rests with your subject. The proportion of failures with this test is, however, surprisingly small.

Where the test succeeds it can immediately be followed up with a much more startling one. Place your forefinger tip upon the centre of the subject's forehead, press moderately firmly, and at the same time say sharply and rapidly : "I am going to make you forget your name. What is it? You can't tell me. You don't know it. You have forgotten it."

Coming just after the last successful experiment, this one is very likely to succeed also. The subject hesitates, stammers, and quite obviously has momentarily forgotten his own name.

When that is evident, suggest a fictitious one by saying, "I will help you out. Your name is —, is it not?" And the bewildered subject will agree. \

Another simple experiment which half crosses the border-line between general and definitely hypnotic susceptibility is at the same time something of a trick, for it takes advantage

of the inter-relation between the muscles of the eyes. You stand by the side of the subject, who is seated in a chair, place the tip of the first finger of your right hand lightly but firmly upon the centre of the crown of his head and say :

“Close your eyes and imagine you are looking up inside your own head to the spot upon which I have placed my finger. Think hard of that spot. Are you thinking of it?”

“Yes,” says the subject.

“Are you imagining that you are looking up at it?”

“Yes.”

“Try hard to look up at that spot and at the same time try to open your eyes, but you find they won’t open. They are tight closed.”

This is a very good test, as the reaction to it on the part of the subject is informative in several ways. For instance, the subject may simply open his eyes and say with a grin that the experiment won’t work. In that event you know that either the imagination or else the will to follow your instructions has been lacking, for it is anatomically impossible to rotate the eyeballs into an upward position and then raise the eyelids. To open one’s eyes the eyeballs must first be allowed to come back to their normal position.

Another class of subject honestly tries to carry out your orders for a second or two. There is a short interval while he is actually unable to raise his eyelids. Then he returns

the eyes to normal position, the lids twitch and open and the experiment is at an end. The susceptibility of this class of subject is judged from the length of time that you, by your verbal suggestions, can make the eyes remain shut. With most people it is easy by suggestion to keep the eyes shut for a quarter of a minute or so.

The third class of subject will reveal so protracted an inability to get his eyes open that it will be worth while there and then to carry the experiment a step further. Accordingly say quietly, but with an air of finality : "Give up trying to get your eyes open. Let them rest shut." At the same time place your two first fingers lightly but firmly on the lowered eyelids. Wait a few seconds, then add in a lower and more restful voice : "You are feeling very sleepy. You are going to sleep. It's all right, you can sleep a little."

Stand back and watch. If the eyelids vibrate a few times and then the subject takes a short, rather gasping, breath, or twitches at the mouth and settles back in the chair, breathing more slowly and deeply, you (as a neophyte) are dealing with one of two things : a more than usually clever impostor who knows the ropes well, or your first genuine hypnotic success.

Do not take the experiment further than this at the moment. Say instead, in a brisk, matter-of-fact voice : "All right. You can wake up again." If there is no response, blow

lightly upon each of the closed eyelids in turn and repeat the words, "Wake up". If there should still be no sign of arousal, say with equal matter-of-factness : "Very well. Sleep as long as you like, and wake when you like."

With genuine hypnosis the subject will wake up in anything from a minute to half an hour or so, none the worse. In the possible, though most unlikely, event of your being the attempted victim of a practical joke intended to scare you, the same treatment is eminently effective.

When a hypnotised person is left alone the hypnotic state merges into ordinary sleep. Bear that in mind and you know the simple and safe way of dealing with any occasional refractoriness to the suggestion that he should wake up.

CHAPTER IV

HYPNOTIC STATES AND METHODS IN BRIEF

IN the last chapter a test for susceptibility has been included which sometimes is capable of being carried to the point of actual induction of the hypnotic state. As a matter of fact, there are as many shades of hypnosis as there are methods of producing it. The lightest degree of hypnosis shows itself as slight drowsiness, with proportionately heightened receptivity to outside suggestion. Deep hypnosis has the appearance of ordinary slumber, though it is not actually a state of sleep at all. In it extreme muscular rigidity can be induced, or a state wherein the subject can open his eyes, answer questions rationally, walk about, behave with apparent normality and yet on 'waking' have not the slightest recollection of anything he has said or done. Such a condition has so close a clinical resemblance to recorded cases of what is called split personality that it is impossible to overlook the similarity.

As for ways in which hypnosis may be produced, they include verbal suggestion,

contactual passes, passes made out of contact with the body, and certain other ways, some of which are disputed.

There is silent hypnotism wherein not one word is spoken by the hypnotist, and there is a type of hypnosis which may sometimes be induced by purely mechanical means, notably by gazing at a bright light, or at the varying effect of light reflection or refraction from a moving mirror or crystal.

Use of the term 'hypnotic' in relation to drugs ranging from chloroform and ether to cannabis Indica, hyoscine, chloral, potassium bromide, and those of the barbituric group, which can induce—or aid in inducing—sleep, is not without a bearing upon our present subject, for various practitioners have made use of each of these drugs as helps in hypnotising refractory subjects. The part they play is doubtful, and except in asylum practice and under strict medical supervision they, with the possible exception of potassium bromide, should be left entirely alone.

Mechanical aids to hypnotism need be open to no such restrictions. Fixing a subject's gaze upon a rotating mirror or crystal upon which a beam of light is thrown in an otherwise darkened room is often a quick and easy way of invoking the onset of hypnosis. Some authorities hold that the real cause of successful hypnosis when such a method is used is the implied hypnotic suggestion inherent in the act of sitting in an easy chair and directing one's

attention to the lighted object. (Personally I cannot) agree with this, because there has come within my experience at least one authentic case of a healthy, normal, and intelligent man being sent into a hypnotic trance by the same means under circumstances where there was no verbal or other suggestion whatever.

The man was a skilled mechanic employed to test an optical device containing a glass disc which rotated at high speed in a brilliant light beam. The purpose of the arrangement had nothing whatever to do with hypnotism. Actually it was to give an appearance of stereoscopic solidity to the image of objects shown by means of the light upon a projection screen.

In common with those who had come to witness the demonstration, the operator who started the contrivance up was intent upon nothing but its possible effect in producing stereoscopy. Ten minutes afterwards, to use his own description, the room began to fade away. He was barely able to call an assistant and explain that he didn't know where he was. He had to be led home in a dreamy state. Only later, looking back on the experience, did he add, "I wasn't faint. I was all right. I think I must have been hypnotised."

If such an experience can be fairly classed under hypnotic suggestion the term is, to say the least, elastic.

The time has come to tabulate some of the more obvious stages of hypnosis, bearing in

mind that in point of fact they merge into one another, so that there is often no sharply defined line dividing one stage from the next.

Hypnoidal Lethargy.

The subject gets more or less drowsy and responds to simple tests such as automatic raising of the hand (already described), inability—or at least difficulty—in opening the eyes when told he cannot do so, rigidity of the arm when told that on holding it out he cannot lower it again. A subject in whom hypnosis has progressed no farther than the hypnoidal state will often deny that he has been under hypnotic influence at all. None the less, he is receptive to curative suggestion.

Deep Hypnosis, or Somnambulism.

The subject is 'asleep' in that at the conclusion of the state there is a definite waking, after which what has happened during hypnosis cannot be recalled to consciousness, except by hypnotising him again. Though called 'sleep', the state is different from ordinary sleep in that the subject can be made to hear and to answer, to move about from place to place, and even to reason for himself within prescribed limits, without waking up.

A hypnotised subject in mental response with the hypnotist is said to be *en rapport*. A subject *en rapport* who under suggestion is behaving as though wakeful, when really in

deep hypnosis, is said to be in 'alert hypnosis'. Deep hypnotic sleep induced for curative rest, where there has been no attempt to establish rapport for the exhibition of alert phenomena, is called 'hypnotic coma'.

Hypnotaxy, or Fascination.

Hypnosis induced by fixed gazing on the part of the hypnotist has been given the name of 'hypnotaxy', or 'fascination'. Fascination is at the present day generally regarded as no more than a special method of implied suggestion. The fact remains that certain people are peculiarly susceptible to it, and certain results have been obtained by it which are not obtainable by other methods of hypnotic suggestion.

Catalepsy.

This has been classed as a special hypnotic state. Though it may be so it can conveniently be treated as one of the phenomena obtainable in alert hypnosis. It is a total or partial muscular rigidity in excess of that which the subject could bring about in himself by conscious effort.

★ HYPNOTIC METHODS ★

By Contact.

These include the methods employed by Mesmer, such as sitting in front of the subject, employing the fixed gaze and at the same time

gently pressing the subject's thumbs between your fingers, or massaging the temples with one hand while pressing with the other over the region of the subject's heart. Passing a bar magnet up and down the spine to induce catalepsy comes under the head of contactual methods ; so does putting pressure with the fingers upon eyes or eyelids.

Passes without Contact.

Esdaile's method was to let the subject recline on a couch in a darkened room for some time ; to make passes with the hands over his body from head to feet, without actually touching, also to breathe now and again upon the forehead.

The Fixed Gaze, or Fascination Method.

The subject is seated in a low chair, the hypnotist stands before him and brings his face about fifteen inches in front of, and a foot or so above, the level of the subject's eyes. The subject is told to gaze up into the hypnotist's eyes.

Braid's Method of Eye Concentration.

Instead of the hypnotist's eye, a brightly lit object is used for the subject to concentrate his gaze upon. This is followed up by verbal suggestion.

Verbal Suggestion.

The subject is told that his eyelids and his limbs are getting heavy, that he is drowsy, that he is falling asleep. If the suggestion is put forward and sustained skilfully, and the subject is of normal susceptibility, it will take effect.

In modern practice the hypnotist uses any or all of the above methods in whatever way he finds to give the best result with the subject he is operating upon. Some people are highly imitative. These are often more quickly influenced if they can be treated side by side with other subjects who are accustomed to, and respond rapidly to, hypnotic technique. Susceptibility is cumulative, and normally the onset of hypnosis becomes much more rapid with each induction, until it is instantaneous. Judging the best method for each subject marks a hypnotist's skill.

Some people whose eyes are weak and easily inflamed do not take well to hypnotic methods which entail prolonged tiring of the ocular muscles and retina. Others have a subconscious objection to obeying verbal admonitions. For these there remain the contactual and silent methods of inducing hypnosis.

Neurotic males with unconscious negative father complexes are known to be exceptionally difficult hypnotic subjects. This hypnotic antipathy is in many instances no more than a

subconscious rebellious antagonism to accepting the 'sleep' idea as an order. Gentle massage-like smoothing of the forehead, chest, and arms, by exciting the positive mother complex, will often lull these subjects into a light but sufficient hypnoidal state without a single verbal 'order' being given.

CHAPTER V

EARLY HYPNOTIC EXPERIMENTS

IT is assumed that you have been estimating the susceptibility of various potential hypnotic subjects, that you have tried some or all of the tests given in Chapter III and that a suitable person has agreed to act as the subject in whom you are to induce the hypnotic state. Select a quiet room, as free as possible from distracting street or other noises, and arrange an easy chair or couch so that its back is directly under a source of light. If the trial is to be made during the daytime, have the chair with its back to the window. Late afternoon or evening is preferable to the morning, because morning is the time of day when the natural vitality of a healthy person is at its highest.

Have ready, if possible, a disc of metal, silver or burnished copper, about the size of a shilling. I have often used a bright penny with success, though there is a homeliness about it rather out of keeping with the occasion. A circular white or black card with a smaller circle of metallic paper stuck in the middle of it

does well. Place the bright metallic spot in the subject's right hand, the elbow being supported with his left hand, and let him bring the level of the spot above his eyes as he sits comfortably in the easy chair.

Tell him quietly and slowly :

(a) That by concentrating his gaze upon the spot his mind becomes receptive to the hypnotic influence.

(b) That the influence is a power within himself which is to be made use of.

(c) That he is to rest himself comfortably, not try to think of anything in particular, and he will soon notice a slight numbness in the right arm. At the same time the size of the spot held in his right hand will begin to alter and grow larger. The subject must on no account consciously will himself to 'sleep'.

As you speak, take up a position by the side of the chair which allows you to watch his eyes without being yourself obtrusive. Go over the hypnotic suggestions above in a low, restful voice, and presently ask the subject to describe the alterations he sees in the spot. He will say that it is growing in size, or that it is alternately expanding and contracting, that its colour is deepening or becoming more leaden, that his arm is numb, and perhaps that his eyes are painful, or getting heavy. If the eyes are said to be heavy, state that they

will rapidly become heavier ; wait a few seconds then say they will shortly close ; wait again, and at the first sign of flickering of the lids announce, "They are closing now. Let them close of themselves."

As they close, put your fingers lightly for a few seconds upon the dropped eyelids, and say, "Your eyes are tightly closed and will remain so."

If you have timed your suggestions rightly, and make the suggestion of permanent closure with quiet confidence, in about two instances out of three the eyes actually will remain closed. If they open, take your position in front of the subject, use the fixed gaze which will be found described in the next chapter, and in about one minute close the eyes again with your finger-tips. This time press rather more firmly upon the eyelids for about half a minute, then say "Keep your eyes closed. I shall make passes under which you will go into a light sleep."

Standing as before in front of your subject, stretch your hands together above your head, palms side by side, in the attitude of a swimmer about to dive, separate the arms slowly forward and outward with the finger-tips extended, and pass the hands slowly over the subject's body, barely out of contact with it, starting with the forehead, down either cheek, over the chest and abdomen, then along the thighs to the knees. Here straighten your own body which has had to bend while making

the pass, give your hands a single sharp flick as they hang at your sides—as though flicking water from the fingers—then bring them once again by semicircular motion to the top of the head and repeat the pass as before. Time for the complete movements entailed in a single pass, about four seconds.

After each five passes, say in a low, somnolent voice the single word "Sleep". While you are making the passes watch their effect. Spasmodic twitchings of the face; a light gasping breath, followed by deeper and less hurried breathing, tell the all-sufficient tale of a passage into full hypnotic trance. Where, however, you have any doubt about this, instead of risking failure by giving the definite order that the eyes remain closed and that the subject shall not be able to open them though he tries his hardest, take his right hand, hold it firmly, raise it level with his shoulder, and pull it slightly towards you, so that the muscles of the arm are tautened. While doing this with the left hand pass the right hand several times along the arm from shoulder to finger-tips. Then, with a final slight additional tug on the subject's arm as though by implication fixing it in its extended position, let it go. If it remains held out you have definite evidence of the induction of hypnosis.

Say, "Your arm is stiff and you cannot lower it till I tell you to." Wait a few seconds, then say, "Now your arm becomes limp and falls of itself." If it does not do so, take hold of the

hand again, make a pass along the arm—this time from fingers to shoulder—and say, “The pass unlocks the muscles of your arm.” It will fall.

The time has by now arrived to say with confidence, “Your eyes are so firmly closed that you cannot possibly open them. The more you try the more tightly they become shut.”

Give the subject the opportunity to test the point for a few seconds, then say, “Now you can open your eyes, but doing so will not disturb you, or interfere with your sleep.”

If on opening his eyes the subject should none the less wake up completely, do not forget to say the words, “Wake up”—a routine formula which is to be made the termination of each and every hypnotic demonstration. If the subject opens his eyes, but remains otherwise quiescent, you may congratulate yourself on having already produced a promising instance of potential alert hypnosis.

Say “You are well, happy, and comfortable, and you can answer me without disturbing your sleep. I want you to answer me.”

Probably the subject’s lips may move.

Say “You can speak just as though you were awake. Doing so will not awaken you. Say ‘Yes, I can speak’.”

After a little coaxing in this fashion the subject will give the required answer. You go on to tell him : “On waking—which you will do presently when I count up to ten—you will be in the best of spirits, and the next

time I send you to sleep you will go off much more quickly and more deeply."

Then count, "One—two—three——", etc. At "ten" the subject will almost certainly wake. Should he not do so, let him wake in his own time, as explained in Chapter III.

If you like, you may tell the subject that he will wake under the impression he has never been to sleep at all. He will then ask when the hypnotic proceedings are going to start. Do not treat the question in such a way as to embarrass him. That would be fatal for any hope of the early development of subsequent deep hypnosis.

I have tried in this sketch of an hypnotic experiment to continue as far as it is wise to go in a first attempt at influencing a new subject. On this occasion, do not exceed twenty or twenty-five minutes for your total time. If no positive result has been gained by then, leave things for that day and resume the next day.

When trying to hypnotise a new subject by the bright disc method, complaint may be made either of pain in the arm which supports the disc, or pain and strain in the eyes caused by concentrating the gaze upon the bright metal. You cannot hope to get results under conditions of acute discomfort. Where pain is complained of in the arm it is simple to arrange for the bright spot to be supported in the desired position by means of a wire, or by suitable suspension.

Where painful eyes are complained of, the subject should be told to close them at once, further stages of hypnosis being induced by one or other of the alternative means already given.

Hypnosis is always more easy to induce in people who are looking to it to help them. For this reason, medical practitioners who decide to make use of hypnotism usually get a high proportion of successes. Another reason is the very light state of hypnosis which will often suffice for successful curative suggestion. There are medical men who, with every justification, claim to be able to hypnotise nineteen in every twenty people upon whom they practise. They do not mean by this claim that a proportion of nineteen out of twenty are got to the stage of somnambulism, but only that this percentage pass into the condition of hypnoidal lethargy, or 'light hypnosis'.

The proportion of average people who can be hypnotised to full somnambulism, so that on waking they remember nothing of what has happened, is probably from sixty to seventy per cent. Sex makes little difference. Young people are slightly better than old, and bright people are much better than dull ones.

Time Factor in Hypnosis Induction.

The rapidity with which hypnosis can be induced in a new subject has much to do with

the skill with which the 'sleep' suggestions are timed. If they are piled on in such a way as to let the subject see the hypnotist is either hurried or worried, onset of hypnosis may be indefinitely delayed.

The eyes of the subject are the best index of the induction of the early hypnoidal stage, which they reveal by a slightly vacant appearance, combined with partial closing or vibration of the eyelids, and often with slight spasmodic contraction of the facial muscles. It is now that sleep suggestion should be pressed.

If the favourable phase is allowed to pass, the subject may settle into hypnosis of his own volition, or may shake it off and become wide awake again. This will generally be shown by his making some complaint—that his eyes are painful or that numbness of one or other of his limbs (usually the upraised arm) is producing discomfort. The discomfort must at once be countered, as previously explained, and, like the swing of a pendulum, the hypnoidal drowsiness will return again after perhaps five to ten minutes, when the opportunity to give effective 'sleep' suggestion is once more presented.

CHAPTER VI

TESTS FOR HYPNOSIS. CULTIVATING THE FIXED GAZE. AUTO-SUSCEPTIBILITY

HUMAN nature is so compounded that there is sometimes a Merry Andrew ready to play practical jokes on the inexperienced hypnotist who finds it necessary to get early practice among family and friends. This funny man is often useful, and he who came to scoff may remain to—'sleep'.

As already pointed out, the statement : "I was not asleep at all. I remember all about what you were saying and needn't have done a thing you told me if I hadn't wanted to", generally covers a light but genuine stage of hypnosis. With neurotic subjects, in particular, this attitude towards early hypnotic attempts is a very usual one, being a reflection of the war in progress between their conscious and unconscious desires.

If you have doubt in your own mind of the genuineness of what appears to be deep hypnosis in an apparently good subject, it is easy to assure yourself once for all on the point. Here are three ways of doing it, the

second being the most conclusive. The first way is sufficiently so for any ordinary set of circumstances. The third way, drastic though it is, comes in handy on special occasions.

Method 1. Say to the subject : "I am going to raise your eyelids and press my fingers into your eyes. You will neither wake nor feel pain." Then proceed to do it, pressing lightly on the whites of the eyes only. It is not really a drastic test, but few malingerers can face the thought of it.

Method 2. This consists in first giving the suggestion to the supposedly hypnotised subject that he is incapable of feeling an electric shock and then applying to his moistened skin the electrodes of a galvanic coil so regulated as to give a shock which, while perfectly harmless, is rather stronger than a person in his normal state would find comfortable. Such a shock can be made extremely painful by using a Faradaic brush of flexible bunched wire to apply it with. With a current of even moderate strength applied in this way it is practically impossible to control contraction of the muscles affected by it.

There is another, entirely different, use for the Faradaic brush in hypnotic practice. This is for testing the degree of insensitiveness to pain in deciding whether it is safe to make use of hypnotic anaesthesia, or analgesia, in a surgical operation. For that purpose a gradually increasing current is applied without first

of all informing the patient of the nature of the test being made.

In the test for malingering, given above, a loophole is deliberately left for the subject to 'back down' at the last moment. In this method of testing, also, truth should be tempered with mercy in all doubtful cases by starting with a very weak current and increasing it gradually, all the while assuring the subject that he will feel nothing. If you have previously tried the effect of the coil on yourself and marked the regulator position for approximate maximum bearable strength, you will have a pretty good idea of how far hypnotic analgesia is, or is not, entering into the question.

Method 3. This makes play chiefly with the factor of human apprehension. Provide yourself with a spirit-lamp and a darning-needle stuck into a wooden holder. Set the spirit-lamp on a table in front of the subject, who should be commanded to open his eyes, but to remain in the hypnotic state. Push the sleeve up from one of the subject's forearms and press firmly with a finger-tip upon the muscle, at the same time saying, "Your skin is becoming more and more numb. At the point where I am touching your arm all sensation is leaving it. I am now going to heat this needle and plunge it into the muscle, but you will feel absolutely no pain, and the wound will not bleed."

Actually, pass the needle through the flame

rapidly once or twice to sterilise it, wait a second or two for it to cool and then jab the point in. At the same time watch the subject's eyes, noting any involuntary dilation. You may order the subject to start reciting some well-known verse of poetry and apply the needle suddenly in the middle of it, when if pain is absent there will be no alteration in the tone of voice.

Training the Gaze.

Unless your gaze is naturally strong and unwinking it is well to practise fixed gazing, for whatever else may be said about it the fixed gaze has great efficacy with a certain class of people, who react to it far more quickly and deeply than to anything else.

Get a piece of white cardboard approximately eight inches square. Rule on it two pencil lines, one being a horizontal line three inches from the top of the card, the other a vertical one passing through the middle of the card. At the height of the horizontal line, and at a distance of one and a quarter inches on either side of the vertical line, mark a black ink-spot. Also make a black cross at the junction of the horizontal and vertical lines.

The two black ink-spots roughly represent the separation of the pupils of a right and left human eye, while the junction of the cross lines midway between the ink-spots represents a point at the middle of the base of the nose.

For hypnotic gazing you do not actually look into either of the subject's eyes, but at this midway place indicated by the junction of the cross lines. Take your position with your own eyes fifteen to eighteen inches from the card and somewhat higher, so that you look rather down at it. Gaze at the cross lines intently and see for how long you can keep your eyes so fixed without either winking or causing them to water.

This fixed gazing exercise should be carried out twice daily, for about ten minutes each time, but never taking it so far as to tire the eyes seriously. It is surprising how quickly one becomes accustomed to keeping the eyes fixed upon the same point unwinkingly for several minutes at a time, though in actual hypnotic practice a great deal can be done without continuing the fixed gaze for longer than a single minute. Many hypnotists shirk its use altogether, probably at the expense of achieving less rapid and striking results.

Though, when using the gaze to induce hypnotaxy you yourself concentrate upon the base of the nose between the eyes, your instructions to the subject are of a very different kind. He must try to look into your eyes as best he can. If you forget that point of difference there is the possibility that a refractory subject possessed of great control of the eye muscles may hypnotise the hypnotist, instead of *vice versa*. The way to counter this at the first hint of onset is to put your first

fingers on the subject's eyelids and pull them down, at the same time giving the order, "Close your eyes now and go to sleep."

Never let yourself be drawn into a game of mutual staring out by a deliberately refractory subject. This is foolish, seeing that there is the choice of so many alternative methods, to one or other of which you can always switch over without the change of tactics being obvious.

Fixed gaze practice, using a card marked as above described, or simply using a piece of paper with a single ink-spot, about the size of a shilling, marked in its centre, can be done by the hypnotic student also as a test of his own susceptibility. For this it is merely necessary to note the time it takes to pass into the preliminary hypnoidal or lethargic state. When you think the test has gone far enough, smack yourself smartly on the cheeks as a simple and effective way of arousing yourself.

One thing you learn from such a test made upon yourself is that auto-hypnotism is a possibility. In a later chapter a method will be given by which this possibility can be put to good use.

CHAPTER VII

HYPNOTIC SYSTEM AND SAFEGUARDS

IF you accept the general opinion of scientific men concerning the hypnotic state and its phenomena, you may already be beginning to sum up the secret of a hypnotist's success as largely a matter of self-confidence. Make your suggestion of 'sleep' in a manner at once sufficiently plausible and impressive and it will, almost always, take due effect. Though—like Mesmer, Elliotson, and more recently Hollander—I hold the belief that suggestion does not fully explain the subject, there is no doubt one can get a long way in successful hypnotism by working this suggestion idea to its logical limit.

It is far easier to induce hypnosis when the surroundings reinforce whatever suggestions are given. A darkened room with a subdued scheme of decoration, a generally restful appearance and a comfortable but businesslike couch for the subject to recline upon, are great aids to the serious practitioner. The room should be well ventilated, but also well warmed during the colder months of the year, for it has

been established that nothing is more apt to dissipate hypnotic effect than bodily chill. Next to cold, noise is troublesome, yet this can be at least partially neutralised by giving suggestion in suitable terms, such as, "There is no sound that will disturb you."

Many people who would have no fear of going off into natural sleep in the presence of the hypnotist react unfavourably to mention of the actual words 'hypnotism' or 'mesmerism', a fact for which we may have to thank the elder du Maurier, whose impossible but terrifying creation Svengali, the villain hypnotist of his novel *Trilby*, gave to the words a sinister meaning they far from deserve. If there is any chance that the word 'hypnotism' may daunt a timorous soul it is better to stick to some term like 'curative sleep', or simply 'curative suggestion'. A more impressive term, equally free of taint of objection is, of course, 'psycho-therapeutic treatment'.

When there is sufficient time, it is of great help, after the subject has been settled into a comfortable reclining position, to switch out the general room lighting and turn on a single mauve- or blue-globed lamp of small candle-power placed in front of, and a little above the level of, the couch. Invite the subject to make his mind as open and receptive as possible and to watch the light while thinking about nothing in particular. Say that if he becomes drowsy, or should even fall into a light sleep, it will be all the better. Then

leave him to himself for a few minutes. Quite often one finds on one's return that the subject is already in a light stage of hypnosis, amounting at least to deep lethargy. That both quickens and simplifies the work left for the hypnotist to do.

Old-time hypnotic practitioners have laid down various rules for safeguarding alike their subjects and themselves. Before giving a résumé of these rules I should like to make it plain that I am not in agreement with them. On the contrary, they do not seem to me to be fair to either party. The first rule, much insisted upon, is that at every treatment it should be impressed upon the subject that he will not in future be amenable to hypnotic suggestion by any other hypnotist.

One has only to envisage the death, disablement, or sudden calling away of the hypnotic practitioner who has succeeded with such a suggestion to realise how unfairly it might operate.

Another favourite injunction is that the subject is to be unable to hypnotise himself. Considering what good use may be made of auto-hypnosis, this again is distinctly unfair.

The rule that no one is to be hypnotised except in the presence of an impartial witness of the same sex, while an understandable proviso, at the same time places a terrific limitation upon the scope of hypnotic treatment, more particularly in the most difficult class of cases which call also for mental analysis.

Take, for instance, the case of an unruly girl child whose trouble is brought about by an unconscious father complex, and imagine how impossible adequate treatment would become were its mother to insist upon being present.

The full implication of this will be better understood after reading the chapter describing psycho-analytic procedure. (Chapter XIX.)

Out of the foregoing hypothetic case (which is by no means rare in practice) there does emerge the arguable advisability of having the services of a calm, sympathetic, and well-trained mental nurse to act proxy for relatives whose presence would not be tolerable, but whose sensibilities and responsibilities need to be respected.

I still think it a shame that the covering memories of a neurotic complex should be ripped off in the presence of any third party whatsoever, and, speaking for myself, would not do it except under wholly exceptional circumstances. Every man must act according to his own conscience.

The above safety rules, which I have not hesitated to pick to pieces, were originally laid down by Liebault, a doctor of unquestioned high-mindedness and probity. He formulated them nearly a hundred years before Freud showed us how to tip up and empty the psychic dust-bin of the human mind, incidentally exposing to full light of day the unsavouriness of its contents.

CHAPTER VIII

SOME USES OF HYPNOTIC AND POST-HYPNOTIC SUGGESTION

THOUGH it is possible with quite a considerable percentage of subjects to achieve deep hypnosis and obtain a number of the phenomena of somnambulism at the first treatment, it is unwise to push matters very far unless the factors of time and urgency make this essential. A hypnotised person is by no means an automaton, but retains a definite will of his own. If pushed too far, or too fast, this will assert itself in any of a number of odd ways—one of which may be a revulsion against being hypnotised a second time. Once this revulsion is aroused, the difficulty of subsequent induction of hypnosis becomes not less, but greater.

At the first treatment the hypnotist should concentrate his energy upon obtaining acceptance of the following suggestions :

That hypnosis is a pleasant and comfortable state.

That waking will be followed by a sense of greater well-being.

Where the treatment is for curative purposes, that it will be followed by a curative effect.

That on the next treatment hypnosis will be deeper and more rapidly induced.

After each suggestion it is a good plan to add in a take-it-for-granted tone, "You agree to that", and to get if possible a verbal acceptance from the hypnotised person.

When he wakes you say, "You are feeling in better spirits, aren't you?" Should he make any remark indicating a sense of strangeness, or dizziness, tell him you will remove that at once. Let him rest back in the chair or on the couch, pass your fingers a few times over his forehead, starting at the centre and working outwards with a massaging motion, then say positively, "You are all right now."

On hypnotising your subject for the second time you let him concentrate his gaze for a few seconds upon the light spot, and say almost at once, "You know what is going to happen. Your eyes are getting heavy. They are beginning to close."

In the majority of instances they do so with hardly any delay. Occasionally it needs a minute or so of concentration upon the light spot before this stage is reached. Alternatively, hypnotaxy by fixed gaze is a very suitable method for second and subsequent hypnoses.

As soon as the eyes close, give the firm

command, "Sleep." Wait a few seconds for it to be acted upon, then follow up with, "As you knew would happen, your sleep is growing much deeper than last time."

It is always open to you to deepen the hypnosis still more by making passes.

Before waking your subject on this second occasion, in addition to curative suggestions and that of general well-being, you add the further injunction that for his and your own mutual convenience he will on future occasions pass at once into deep hypnosis upon your saying to him one word : "Sleep." With his acceptance of this suggestion your subject may be said to be fully fledged in the hypnotic sense, provided he is at all times treated with proper consideration and that no hypnotic or post-hypnotic suggestions are made to him which are not for his advantage, or at least quite harmless.

Post-Hypnotic Suggestion.

Any suggestion given during hypnosis for regulating the subject's state of mind or his actions after he wakes, is a direction intended to come into force subsequently to the termination of the time of treatment. It is, therefore, post-hypnotic. This reality of post-hypnotic suggestion gives to hypnotic treatment its unique value.

The waking mind of man is ever critical. One cannot consciously will oneself out of one's

prejudices and acquired mental habits, because of a duality in ourselves. Sometimes it is actually more than a duality. Socrates likened each individual to a trinity of man, pig, and tiger—each for ever tussling with the other for supremacy. He was the first of a long line of philosophers and psychologists to recognise the same internal warring within the human personality. So incessant is this internal warfare that as often as not one has only to will to do something with the conscious part of one's mind for the subconscious to step in the way and try to countermand it.

The great value of post-hypnotic suggestion lies in its power to side-track this mental warring of the individual, so that the idea accepted by one part of the mind is not countermanded by another part, but is taken into use without criticism.

When a hypnotist tells his subject that he will wake with a sense of well-being, and that he will—on the occasion of the next treatment—pass into hypnosis at once on hearing the word "Sleep", the subject is being given post-hypnotic suggestions. The first of them will come into force at once. The other lies dormant until the next visit. This very naturally opens a vista of all manner of commands which may be given to a hypnotised person, for him to carry out after varying intervals of time, and under varying circumstances.

A representative experiment of the kind is to tell a hypnotised subject that at a stated

time he will call upon the hypnotist, or upon some other person previously agreed upon, that he will write, that he will forget his own name, or will address someone else by the wrong name. Quite obviously, post-hypnotic suggestion of this sort may be made use of for stupid reasons, though it has been proved many times over that the subject cannot be made by it to act contrary to his or her moral inclinations. There are, however, far more interesting and important applications of post-hypnotic suggestion, of which the most valuable is its use for curative purposes, a brief sketch of which will be found in the chapter on medical hypnosis. (Chapter XIII.)

Objection has been made concerning its use in treatment of disease that it is at best a treatment of symptoms. There is a record of a case in which a doctor hypnotised a patient suffering from gastric ulcer and gave him the post-hypnotic suggestion that his pain would be gone, that he would have a good appetite and would go home and eat a hearty meal. The suggestion took effect. The man went home free of pain, ate a heavy and rather indigestible meal and died from the effects of it. The real moral of such a story as this is that skill in orthodox medical practice is no guarantee even of ordinary competence as a hypnotist. No one can claim mastery of a technique who has not learned its limitations.

Many diseases of the functional and nervous kind can be harmlessly relieved and cured

by dealing with their symptoms. Typical instances would be :

Stammering.

Hiccuping.

Sleeplessness.

Nervous loss of voice.

Neuralgia.

Constipation.

To these obvious instances are to be added the whole gamut of hysteria, anxiety, doubts, obsessions, and phobias that constitute the symptoms of the psychoneuroses. In stubborn cases of this sort mental analysis may with advantage be combined with hypnotic treatment to remove the deep-seated mental cause of the trouble and so ensure a permanent cure. Minor neurotic symptoms often call for nothing more than hypnotic suggestion alone, while sometimes even in the worst cases psychoanalysis is definitely contra-indicated.

For quick results, post-hypnotic suggestion is unapproachable by any other treatment.

Practitioners who intend to use hypnotism wholly or principally for curative purposes will find a fairly voluminous literature at their disposal.

A very interesting application of hypnotic suggestion is in the induction not of anaesthesia to pain but of hyperaesthesia of various senses. Different subjects show great differences in the extent of their reaction to this class of experiment. Very striking results can often

be got. For instance, it has been proved possible by appropriate suggestions to increase the retentiveness of the memory enormously, or to confer upon an ordinary individual the power of seeing minute markings quite imperceptible to normal unaided sight.

A man was hypnotised and told that he would be able to distinguish any card in a pack of playing-cards by looking at its back only. The pack was then dealt for him so that he might first of all examine each card briefly back and front. Afterwards, with very few mistakes, he could tell the value and suit of each card as it was dealt out face downward, following thorough shuffling.

Occasionally, human beings are met with who appear to possess a similar hyperaesthesia of certain senses while in the waking state. Recently Harry Price, the psychic investigator, tested the powers of a medium who, in his normal state, was able to pick up any object in the room which his audience had previously decided upon. Here, according to Mr. Price, the secret possibly lay in an unconscious hyperaesthetic reaction to ordinarily imperceptible reflex bodily movements on the part of those present as the medium went nearer to, or farther from, the selected object. During the experiment there was no muscle reading by contact and, so far as they were aware, all the onlookers remained stonily silent and immobile. A full account of the test appeared in a fairly recent issue of *The Listener*.

A certain useful degree of heightening of the mental faculties can, in most people, be not only induced under hypnotic suggestion but retained post-hypnotically.

Memory can be made more retentive, the sense of colour values and of music can be sharpened, as also capacity for arithmetical calculation. The extent to which hypnotism will help varies much with the individual, suggesting that the subconscious work it performs is, in part at least, a removal of barriers which have been preventing full use of a capacity already present.

A particularly valuable use of post-hypnotic suggestion is in creating, or re-creating, enthusiasm in those who are apathetic, or who have grown stale or lost heart. For this the subject is put into alert hypnosis. He is then chatted with, got to speak freely of his apathy or disheartenment, given encouragement and told that if he tries again he will be sure to succeed in the end, just as though the conversation were taking place in the normal waking state. On such an occasion the treatment really resolves itself into a session of re-education under hypnosis. Dr. Hollander made great use of this technique and achieved much success through it.

One of the instances he cites was that of a lad who, possessed of good natural musical ability, had failed to make the most of it. Under hypnosis it was suggested that he could succeed at musical composition. The

encouraging effect acted so well post-hypnotically that the youth actually composed music good enough to earn the praise of competent musical critics, and a greater interest in the subject was permanently aroused.

Here we see an application of hypnotism which might be much more widely developed.

CHAPTER IX

SUGGESTION DURING NATURAL SLEEP

WHEN you have watched a good subject pass into a state of deep hypnosis, waited while the eyelids grew heavy and closed of themselves at your bidding, heard the changed sound of breathing and seen the hypnotised person resting on chair or couch seemingly oblivious of his surroundings, as in natural slumber, you instinctively associate the state with one of sleep. Small wonder that it came to be called hypnotic sleep. Yet in many ways the two conditions could hardly be more dissimilar.

If you say to a naturally sleeping person : "Open your eyes. Get up. Prepare a meal for yourself and give me an account of the affairs of the day—but do not wake", you will certainly not be obeyed. The same injunction made to a good hypnotic subject would be acted upon at once, and to the letter. The eyes would open ; the meal would be prepared ; the person would talk and might even show (at the hypnotist's suggestion) mental powers in excess of the normal.

Whatever hypnosis may or may not be, therefore, sleep is no adequate word for it. Yet, under certain conditions, ordinary sleep may be turned into hypnosis.

This change, carried to completeness, is something of a rarity. It is, however, by far less difficult to produce in a sleeping person a state of 'rapport' sufficient to permit of curative mental suggestion.

Suggestion during normal sleep is easiest of all with children, probably because they are accustomed to having elder people in positions of authority over them about the bedside. The usual method is for the hypnotist (as he shall still be called) to approach the sleeper and, talking very softly, give the assurance that there is no cause for waking. The sleeper's forehead is next gently stroked, or the hands are held lightly. One hand may be held while light stroking movements are made upon the chest. The sleeper is at the same time assured that hearing and answering will be possible during the continuance of sleep.

This is the stage when patience is essential. Probably it may be necessary to make the attempt to attain rapport many times before there is success, for the lightest touch arouses many a sleeping child. Patience is sooner or later rewarded by the child answering without awakening. From this point suggestion proceeds much as when treating a fully hypnotised subject. The voice must be kept low and soothing, and it is important to frame suggestions

in a way as far as possible calculated to meet with the sleeper's ready agreement. Anything which could excite fear must be strenuously avoided. There is nothing more despicable than to make hypnotic or sleeping suggestion a vehicle of fright.

Minor childish ailments, nocturnal terrors, nail-biting, and similar habits are obvious instances where help may be given to children through the medium of suggestion during ordinary sleep, supposing that it still remains 'ordinary sleep' after the state of rapport has been established.

Sometimes there is evidence available that the suggestion and contact passes (for this is what the stroking and thumb-holding amount to) have turned the sleep into a more or less definitely hypnotic condition. In such cases the arm of the sleeper may be held up, rendered stiff by further passes, or by suggestion, and thus got into a demonstrably cataleptic condition. Fortunately this production of catalepsy from ordinary sleep is quite exceptional.

Students of the literature of medical hypnosis will find accounts of suggestion during ordinary sleep being made use of not only to cure ailments but to mould child character, in much the same way as outlined at the end of the last chapter. That raises the whole question of what child character should and should not be. So long as suggestion stops short at counteracting grossly bad habits and encouraging honest effort, it can hardly do

harm. Even here we may be treading more dangerous ground than we know.

There comes to my mind the case of a boy of twelve who seemed to be a truly terrible character. He kicked his parents, deliberately smashed up the furniture, ran away from the day school to which he was sent, stayed out all night, swore in front of visitors, and generally did everything possible to make himself impossible. The mother, a young and attractive woman, was at her wit's end what to do, short of sending the boy to a school for incorrigibles. Fortunately, in describing the extent of the child's depravity, she added: "Both my husband and myself have beaten him black and blue, and he simply won't care."

The clue thus furnished, it did not take very much acumen to see what lay behind it. The mother was asked how the boy behaved outside the house. "That's the worst of it," she replied. "He goes out and picks up with the roughest characters, seamen and labourers, and gets on with them all right." Asked if there had been any bad instances of hooliganism other than in the boy's own home, she looked surprised, as though the point had never struck her before, and answered "No".

The truth turned out to be that the child had been unwanted by both parents, who accordingly (as so often happens in such cases) vented their subconscious dislike by attempting to over-mould the boy's character till his individuality was stamped out. Being

high-spirited, he reacted by disowning his cruel parents in the only way open to him. By making the home impossible for himself he sought to bring about that which his mother, consciously at any rate, so much wanted to avoid. He was at one and the same time taking revenge on his parents and trying to be sent away.

In the above instance, instead of hypnotic treatment to reduce the child to a plastic state which would help the parents to rob it of the whole of its character, both bad and good, they were told bluntly how the boy would doubtless behave to them later on when grown up unless they adopted an entirely different method with regard to him in the immediate future. When last heard of he was keenly training for a life at sea.

One should think twice before making the attempt to juggle with human character, whether by means of hypnotic suggestion or in any other way. This applies to child character most of all.

CHAPTER X

STAGE HYPNOTISM

IN contrast with the last described method of changing natural sleep into a state of more or less hypnotic receptivity, let us turn to the stage hypnotist and study his very different methods. In doing so we shall be stepping upon ground not covered by those who know hypnotism only from the medical point of view. We may accordingly expect to be introduced to a technique scarcely recognisable for that of the hypnotic consulting-room. Nor shall we be disappointed in our expectation.

The theatrical hypnotist's aim has always been to attract on to the stage or platform a number of folk known by the rest of the audience as belonging to the local community. Once there, success depends upon picking on the more susceptible volunteers and getting them hypnotised as deeply and as speedily as possible.

Suppose the show were a music-hall turn, it would be courting disaster to have no fall-back source of entertainment ready in the event of volunteer subjects not being forthcoming, or proving insufficiently susceptible at

any particular performance. For this reason a certain number of professional hypnotic subjects would travel with the hypnotist. These might be, and often used to be, perfectly genuine, though with some of the less reputable hypnotic turns they were doubtless not so.

The turn (for the benefit of those who do not well remember how they went) would usually start with the rise of the curtain disclosing a semicircular row of chairs, before which the hypnotist made his appearance and at once called for volunteers from the audience. There would ensue a scramble and a motley crowd would pass up a gang-plank placed for the purpose between auditorium and stage. The crowd would consist of real volunteers from the public and trained subjects, well shuffled together.

It now became the hypnotist's business to pick out what appeared to be the most likely volunteers from the rest, and to arrange them so that they sat on chairs well interspersed with those occupied by trained subjects. 'Tough cases' among the volunteers would be sent back to their seats in the front of the house at once, with the excuse of insufficient stage accommodation for them.

To start the show, each subject might then be given a metal disc and would be told to watch it intently and he would soon be asleep. Hardly had the words been said ere several of the gazers (the trained subjects) actually would pass into hypnosis.

Please imagine the surroundings : the queer prestige of a hypnotist who night after night successfully put on so strange an entertainment ; the atmosphere of the stage ; the drooping off into hypnotic sleep of gazers on all sides, who appeared to be simply other volunteers. A growing sense of awe and of imitation often combined to send susceptible real volunteers into a hypnotic trance without more ado. It should not be lost sight of that the type of youth which had come on the stage from the music-hall pit presented himself in no very critical spirit, but came keyed up for wonders. Also, he was a docile type of youth drawn from a grade of life accustomed to receive and to act upon orders without question. If he didn't look docile the hypnotist had long since sent him back to the seat he had paid to occupy.

Early-hypnotised volunteers would be let off comparatively lightly. One might be given the suggestion that he was a great operatic singer, another that he was a noted tragedian, a third that he was an acrobatic dancer. The howls of delight with which response to these suggestions was met from the cheaper seats would be sufficient to awaken the last ounce of native timorousness in others who had not already succumbed. For this the hypnotist would watch.

Seizing upon a youth who had been reduced to the right state of moral funk he would catch him by the shoulders and pull him

swiftly to his feet, clapping his left hand round the back of the youth's head. With the right hand he would hold him equally firmly and, as it seemed to the frightened lad, menacingly by the point of the jaw, gaze hard into the youth's eyes and give the peremptory order "Sleep".

One American stage hypnotist, who also toured successfully in this country, was not content with this degree of forcefulness. His way was to collar the most sheepish-looking youth as above and bombard him Coué-fashion with a rapid and deliberately threatening repetition of the formula "Sleep". "What d'ye mean? What d'ye mean, I say? Sleep, I tell ye, Sleep! What d'ye mean? What d'ye mean?"

The extraordinary question, thus repeated in an explosive whisper often had so shattering an effect upon the volunteer subject that his funk turned into hypnosis there and then.

As a last resort a stage hypnotist has been known to go even farther. Sudden pressure upon the point of the jaw with one hand while the other hand surrounds the back of the head has the effect of compressing the semi-circular canal and momentarily impeding consciousness. An upward jerk of the right hand, as though by accident, after first causing the mouth to open very slightly, produces a jar which will do the same thing very thoroughly at a risk of causing the subject to bite his own tongue.

The reader will by now understand the need for care on the part of our entertainer friend when picking out the lambs among his volunteers from the resistant ones, who might not merely prove refractory to the 'influence', but be disposed to 'give as good as they got'.

We need not pursue the description of an old-time hypnotic entertainment further:—to watch our volunteers ladling dry flour into their mouths under the suggestion that it was delicious ice-cream, or see them greedily licking candles for sticks of barley sugar. Nor need we wait for the final mesmeric *tour de force*, wherein trained real or pseudo subjects went through what amounted to a knock-about turn, usually terminating with them giving out wild yells, contorting themselves, and starting to undress on the stage under the suggestion that there were 'rats in their pants'. The purpose of this sketch of stage hypnotism, its aim and method, is a very different one, happy as I am to admit that to this day the memory of the music-hall mesmerist amuses me.

His act supplies the single circumstance wherein hypnotic trance could undoubtedly, on occasion, be induced by fear. There is an important psychological aspect to this, which both Freud and Jung believe to contain the explanation of what hypnotism really is. It will be reverted to later.

For the moment we need to realise that the stage hypnotist who was content to use fear

as an accessory, was only enabled to do so through profiting by a conglomeration of artificially contrived adjuncts which no other likely set of circumstances would have placed in his hands. Even then he could only make use of fear spasmodically by the lucky hit of choosing an occasional super-amenable individual out of a crowd. And the crowd began to get wise to it, and rebelled, over a generation ago.

In view of the recrudescence of stage hypnotism since the first edition of this book was published, it is well to emphasize the simple rules for ensuring that nothing is done to interfere with the subject's happiness and peace of mind in any hypnotic demonstration. (See particularly Chapter XIII, page 103 ff.)

CHAPTER XI

HYPNOTIC CATALEPSY

ONE thing which was never left out of the old-time stage hypnotic entertainment was an exhibition of catalepsy. For this a subject 'travelled' with the show was always made use of. He was brought on to the stage, a skinny, weak-looking man, and sent into immediate deep hypnosis by word of command. This somnambulistic hypnosis was converted into catalepsy usually by making passes down the spine, or by application to it of a bar magnet.

Once in the cataleptic state the subject, who up to now had been standing rigidly upright, would be given a push in the chest, when he would be seen to fall over stiffly like a log, to be caught by two attendants, one of whom would hold him by the head, the other by the heels. By now it would be plain that the cataleptic subject was in a state of complete rigidity.

Two chairs would be brought and bolted to the floor, the subject's neck being placed upon the back of one chair while his ankles were put to rest on the back of the other. Man

after man would sit or stand upon the subject's chest, abdomen, and thighs, and for all his appearance of muscular under-development there would be no sign of collapse or bending under the strain. Further, on being awakened from his cataleptic trance the subject would show no sign of fatigue or injury.

From the point of view of bringing conviction to an audience consisting of a heterogeneous collection of non-scientific persons, many of them with a full share of incredulity, such a demonstration was invaluable to any stage hypnotist. To the investigator into the potentialities of monoidealism, cataleptic phenomena pushed to their fullest extent form a convincing demonstration of the reservoir of psychic force which may, under suitable circumstances, be tapped in a most ordinary individual. From other points of view, also, catalepsy has interest, though for therapeutic purposes its use is very limited.

Induction of catalepsy for a short period in a single limb is a convincing way of bringing home to a patient that he is actually under the hypnotist's control. Total catalepsy must, whatever the subject feels immediately afterwards, be a grave call upon his vitality, and the hypnotic student would be well advised to leave it severely alone. For all that, there seems to be little doubt that cataleptic rigidity did in fact play a prominent part in many of the curative crises excited round the 'baquet' of Friedrich Antoine Mesmer at his Paris clinic.

It will be remembered that Mesmer relied for his effects largely upon magnetised steel plates, magnetised water, and the use of a magnetic wand. The earlier hypnotists generally believed that the sort of hypnosis excited by passing a magnet over a subject's spine or applying it to his thumbs, was inherently different from that due to other methods. Later it was found that somnambulistic hypnosis might be changed into catalepsy by prising up the eyelids of the somnambulistic subject. At the present time it is generally accepted that any or all of these methods, including also verbal suggestion, or the act of raising and extending a limb, will produce catalepsy, providing the subject has been made to expect them to do so. In other words, any or all of them are no more than various forms of the suggestion—expressed or implied—that the subject shall become muscularly rigid. Though this is the general view of the matter it is not universal.

Hypnotic catalepsy is easily distinguishable from conscious muscular effort. It is accompanied by diminished reflexes, absence of nervous irritability, and also an absence of the muscular tremor which is inevitable during conscious exertion of great physical effort. A case of post-hypnotic catalepsy is on record where the subject sang a song quite untroubled, resting by neck and heels on two chairs, while the hypnotist jumped off a table on to his unsupported chest. Catalepsy is also a form

of hypnosis common to animals, birds, and even insects, as well as to man. In the first chapter a way was described of inducing it quite simply in fowls.

A person in the cataleptic stage of hypnosis will maintain muscular tenseness for far longer than would be possible in the waking state. Eventually the muscles relax slowly and evenly, very much after the style of the collapse of a run-down machine, and there is hypnotic coma, or deep sleep. After an indefinite time the subject will wake from it of his own accord.

No experiment in hypnotic catalepsy should ever be taken as far as this. The only reason for stating the above facts is to prevent panic in an inexperienced hypnotist should he produce catalepsy by inadvertence and fail at once to wake the cataleptic subject on giving the word of command.

Where a subject has been trained to pass into a particular state of hypnosis, such as catalepsy, by the adoption of special means which take effect not by virtue of any inherent quality but because they act like a code signal, the means of hypnosis are by some writers on the subject termed 'artificial'. The subject's reaction is also called a trained reaction. Thus, one subject may pass into catalepsy on application of a magnet to the base of his thumb, while another will do so by lifting up his eyelids during the somnambulistic hypnotic state. Yet a third becomes cataleptic at word of command only. These

would all be called artificial (or coded) means.

The definition implies that they, one and all, have their foundation in suggestion. Yet the magnetised steel plates which Mesmer obtained from the priest Maximilian Hehl seem hardly to have acted by suggestion alone. Perhaps, after all, there is again matter for further investigation to be found here.

CHAPTER XII

THE REFRACTORY SUBJECT

CONTRARY to popular belief, refractoriness to hypnotic suggestion may be encountered at all of its stages :

During the induction of hypnosis.
When giving suggestion during hypnosis.
In waking the subject.

Resistance at the latter stage is very rare, but as it is when waking his subjects that the hypnotic tyro sometimes makes bad blunders, it may be well to deal with this point fully.

Resistance to Induction of Hypnosis.

A form of this not already explained in an earlier chapter is undoubtedly of neurotic origin. The subject, who appears genuinely anxious for treatment, prefaces it by saying in a slightly apologetic way something to the following effect :

"I do hope you will be successful, but it is only fair to say I have the feeling you will

not be. Of course I will do everything I can to assist, and shall be delighted if my doubts are proved wrong."

Here you are encountering a strong, unconscious resistance against hypnosis, due to the fight which a hidden complex is putting up to maintain ascendancy. This power of the neurotic complex to maintain a parasitic hold upon its host, the human subject, is often strong enough to render hypnosis impossible. Broadly, there are two ways of dealing with it. The hypnotist-psychologist must use his own skill in choosing the right one :

(a) The subject may be given treatment by suggestion, if not in full hypnosis at least in a hypnoidal state of lethargy. The stronger the neurotic complex against which the treatment is directed, the less complete and the more temporary will be the effect of counteracting suggestions so given.

(b) The subject may be plainly told that the cause of lack of belief in the efficacy of hypnotic treatment is an unadmitted part-wish to leave matters as they are. This blunt home truth may quite probably be met with indignant denial, which will open the way for suggesting a preliminary mental analysis in the waking, or light hypnoidal, state. Conduct of such an analysis is outlined in a later chapter. Once the subject has been made consciously to admit the presence of warring elements within the personality a

good deal has been done toward clearing the way for improvement.

In some of the 'nicest' people this technique speedily brings them to the edge of subconscious 'affective reactions' too shattering to be dealt with in a short course of hypnotic treatments otherwise than by smothering the injury-memory and reburying it as deeply as possible. The new-found anxiety of the subject for this to be done will provide a sufficient motive to end unconscious resistance to full somnambulistic hypnosis.

Even if this treatment should prove but palliative, and not entirely permanent, it is far better than none at all. Where possible, psycho-analytic technique should be continued and expedited by exploring covering memories and word associations under light hypnosis, until the complex has been fully brought to the surface and dissipated.

The literature of medical hypnotism, as applied to mental analysis, contains many instances where fine opportunities of this sort have been missed by the practitioner mistaking comparatively recent covering memories for the actual source of the pernicious symptoms. That, however, is a digression.

Sometimes the statement: "You won't be able to hypnotise me!" is set out as a challenge by a perfectly healthy person. The spirit in which it is said is then obvious, and the equally obvious reply is to explain politely that the

power to be hypnotised lies at least far less with the hypnotist than with the subject. A battle of wills is, therefore, on the face of it, absurd. Never on any account attempt to hypnotise a subject in such a frame of mind.

One very real difficulty often encountered on a first occasion of hypnotising a new subject is the complaint: "You tell me to stare at a bright spot, or at a light, and at the same time to keep my mind as far as possible a blank, and think of nothing in particular; I can't do it. The attempt only makes me nervous."

A good way of dealing with this is to sit down by the chair or couch and in easy, friendly fashion direct the subject's attention to the greater sense of comfort and rest he can get by relaxing all bodily muscles. He should be encouraged to settle all his limbs in turn as comfortably as possible. Having done this, he should be invited to continue to let his mind dwell on the same idea of bodily comfort by saying over to himself, or merely thinking of the following formula:

"My arms are fully relaxed and resting comfortably; my legs are resting comfortably; my head is resting comfortably; my body is resting comfortably." This sequence is to be gone over and over without haste.

Where a subject is supporting the light spot in his right hand there is a certain amount of strain which may either help or may hinder the onset of hypnosis. Should there be complaint or difficulty in concentrating attention

on the spot under these circumstances, it may be taken as an indication that the act of supporting it is operating adversely. A self-supported spot, or light, should at once be substituted.

Yet another way is to dispense with the spot and resort to hypnotaxy which, with a subject afflicted with poor mental concentration, often succeeds where other methods fail.

Do not lose sight of the importance of maintaining a comfortably warm room temperature.

Resistance to Suggestion in Hypnosis.

Though acceptance of reasonable suggestions made under hypnosis is usually ready enough, it need not necessarily be so. A hypnotised person, contrary to popular opinion, does not surrender his will or personal convictions, and where these do not happen to square with whatever suggestion is being given there will be refusal instead of acceptance. This may take any one of a number of forms :

- (1) The subject may refuse the suggestion by throwing off hypnosis and waking up ;
or
- (2) He may do the opposite and sink into hypnotic coma wherein 'rapport' is lost.
- (3) He may accept the suggestion in a form which renders it nugatory ;

or

- (4) May actually voice disagreement, and even state why, without the hypnotic condition being seriously disturbed.

A classic instance of the third alternative was when a particularly good hypnotic subject was experimentally given the suggestion that she should poison her best friend. She was thereupon handed a glass of water, told it was poison and that she must prevail upon her friend to drink it. The subject at once sought out her friend, handed her the water and said, "Here is a glass of poison which you have to drink."

Generally speaking, this internal safeguard afforded by the subject's character and convictions, while sufficient to prevent hypnotic suggestion being used for seriously harmful purposes, does not prevent the subject of it being made the butt of practical jokes or being placed in awkward or ludicrous positions. The facts of stage hypnotism (already set forth in Chapter X) are of themselves enough to demonstrate this.

The most interesting case of rejected hypnotic suggestion, comparatively rare as it is, occurs where the subject supplements the rejection with his reasons for it, given while in the hypnotic condition. This form of rejection opens the way for him to be reasoned with by the hypnotist as though he were awake, until he is got to accept the needed suggested by a

process of logical argument appealing, as all argument of the sort should do, to self-interest. The subconscious self has no other interest than its own.

A girl who was an inveterate nail-biter and an indifferent hypnotic subject was given suggestion along the following lines, agreement being got to each stage of the argument before proceeding with the next :

Nail-biting not only upsets your parents, which is not too good, but it also looks 'common', which is very bad.—It is not really pleasant, in fact it often becomes painful, and people who would otherwise ask you to their houses fail to do so because of the state of your fingers.—You will have more friends and a much better time by not biting your nails.—Your parents will be pleased and you will get more presents from them.—You will also be much more attractive and other girls will envy you.—In short, you have everything to gain and nothing to lose.—Nail-biting is a way of absorbing dangerous disease germs, and you do not want to be ill.—In short, you yourself wish to stop it at once.—Very well, now you have stoppèd it for good.

This subject was cured in a single treatment.

Resistance to Waking Suggestion.

I cannot claim to write of this from experience. As an experiment made for my own satisfaction I have deliberately omitted to

wake deeply hypnotised subjects and have left them to themselves instead, to pass of their own accord from somnambulism either into the waking state or into normal sleep. This they have invariably done without undue delay. Study of the records of cases where a subject did not promptly respond to waking suggestion seems to indicate that in them there may have been a subconscious communication of the hypnotist's own lack of self-confidence.

It should be thoroughly borne in mind that any way of waking up a subject which entails even the suspicion of violence is a wrong way. This certainly applies to the crude resource of flicking the face with a moist handkerchief. Though it will doubtless work, it is apt to cause needless terror and mental shock.

Removal of a hypnotised subject into comparatively cold air, or lightly sponging the forehead and chest with a sponge wrung out in cold water, are the most drastic physical methods to be permitted where there is urgency, such as when a train has to be caught. Blowing lightly on the eyes has already been given as a suitable and rapid method for the removal of hypnosis.

A good non-physical way is to order the subject to start counting aloud and as loudly as he can. Tell him that with each number he counts sleep will grow less, until very soon he will not be able to remain asleep if he tries. As he counts, reinforce the waking suggestion

as though it were induction of hypnosis, thus :

“Your sleep is much lighter. Count more loudly. Your eyes are beginning to open. You hear the sounds coming into the room and are becoming aware of all manner of distractions. Your own voice wakes you. Now your eyes open because the sleep has gone and you are wide awake.”

CHAPTER XIII

CURATIVE POWER AND DANGER

MEDICAL applications of hypnotism in the strict sense comprise only one branch of its use, but it is a highly important branch. Copious as is the literature on medical hypnotism, its message for the physician and surgeon is simply one of the nervous responses from anaesthesia to hyperaesthesia made controllable by hypnotic technique. If I do not write 'hypnotic suggestion' it is because I believe, against the weight of general opinion, that the power which can be called into force is, or may be, more than this.

Anaesthesia.

We know that early practitioners such as Esdaile and Braid had already, over a hundred years ago, produced drugless anaesthesia in a useful proportion of subjects. With this drugless hypnotic anaesthesia it is possible to perform major operations, including removal of tumours and the amputation of limbs. Minor operations easily accomplished in hypnotic

anaesthesia, though of a very painful nature when done without anaesthetics, include removal of finger- and toe-nails, extraction of teeth and so forth.

To achieve hypnotic anaesthesia of sufficient completeness, the old-time practitioners first hypnotised their patients several times. Plenty of patience was often needed and much reliance was placed upon such silent methods as personal fixed gazing and passes made with the subject lying on a couch in a semi-darkened room. These often figured more than the accompanying verbal suggestions to 'sleep'.

The same methods are still as available as ever and would undoubtedly be well worth resorting to in modern surgical practice where the patient is known to be in a condition that makes the use of anaesthetic drugs dangerous, or in special cases where administration of such drugs has been proved to be attended with unusually objectionable after-effects. Muscular relaxation can be obtained by hypnotism as well as by ether, without introducing the anaesthetic into the blood.

Hypnotic suggestion is also of use for stopping bleeding and (strange as it may seem) for expediting the healing of wounds.

Hypnotism in Medical Practice.

In addition to the psychotherapeutic use of hypnotic suggestion in dealing with neurotic patients, there are plenty of well-attested

instances of its successful employment in treating such common ailments as skin irritations, sea and train sickness, hiccuping, various tics, constipation, menstrual irregularities, hay fever.

By hypnotic suggestion the physiological action of many drugs can be greatly increased, a highly useful aid in the treatment of drug addiction. Thus, the effect of a drug may be maintained while the actual dose administered is being progressively reduced.

The above are simply hints for indicating promising paths of hypnotic research to medical men who care to follow them up. Hypnotism, *per se*, is an accomplishment of itself. It is no more essentially medical or surgical than the metal of a doctor's door-plate, or the chromium finish of his instruments.

A valuable application of hypnotic suggestion is in combating insomnia. The subject is put into a state of hypnotic somnambulism and told that he will forthwith pass out of rapport into a lasting and refreshing normal sleep, from which he will eventually wake up of his own accord. This may well be coupled with a post-hypnotic suggestion to the effect that, in future, normal sleep will come of itself.

The above summary, it will be noticed, deliberately passes over the whole range of actual and psychoneuroses, for the treatment of which medical hypnotism would seem to be most of all adapted. That neuroses can be

treated by simple hypnotic suggestion goes without saying. Moreover, the result of such treatment is often completely satisfactory and permanent. As pointed out, however, in an earlier chapter, the proportion of neurotics who make good hypnotic subjects is much less than with normally constituted people. For the wholly refractory subject there remains psycho-analytic procedure.

Where a neurotic subject can be hypnotised even lightly it is worth while to do so in any case, for in addition to affording prompt amelioration of the most distressing symptoms, any mental analysis which may at the same time be undertaken can be enormously quickened in its stages.

In addition to purely functional nervous diseases which are suitable for hypnotic treatment, there is an even wider range of ills wherein nervous derangement plays a prominent part, and where hypnotism may often be tried with great advantage. The following is a typical instance :

A male clerk, aged 22, while taking part in athletic exercises on a brilliantly sunlit sports ground in midsummer, collapsed suddenly and was carried off the field unconscious. Medical examination made on the spot led to a diagnosis of rather severe sunstroke. The patient was taken home and put to bed, the doctor prescribing milk diet and stating that the man would be unable to get up again for several days at least. Patient had previously

proved to be a good hypnotic subject. On recovering consciousness he had word sent to the hypnotist, who, arriving later in the evening, found the man only able to speak with difficulty and complaining of intense headache which was 'driving him mad'.

He was hypnotised at once by verbal suggestion and told that the hypnotic state would merge into natural sleep, from which he would wake next morning cured. On the following morning the patient awoke feeling well, ate a normal breakfast, against the strong advice of his family, and went to work as usual. There was no relapse from the beneficial effect of hypnosis, the cure being permanent.

This case, with the many interesting aspects contained in it, including, if you will, some doubtful ones, is typical of the sort of surprising result continually obtainable through curative hypnosis.

When is a Subject Hopeless for Hypnosis?

Natural as the question is, it is not capable of a definite and final answer. Some practitioners, notably Lloyd Tuckey, refused to continue attempts at inducing hypnosis if there was no success after five or six treatments. Others have gone to the other extreme, one of them recording the induction of deep hypnosis after some eight hundred previous unsuccessful trials. Few practitioners would give up and admit a subject to be totally refractory

until at least a dozen or more trials had been made without result. Personally, after the fifth or sixth attempt without result I devote a part of the session to waking psycho-analysis, and in this way can often help to break down subconscious resistance which has been making the patient refractory.

For reasons which will be further developed in a later chapter, it is by no means rare for a subject who is refractory with one hypnotist to be quite satisfactory with another. Yet a further cause of refractoriness may be the previous post-hypnotic suggestion of a different hypnotic practitioner that it shall not be possible for the patient to be influenced by anyone else. Fortunately, the effect of these inhibitive post-hypnotic suggestions usually wears off sufficiently quickly for them to be countered with success after a few months, or a year. They are none the less mischievous while they last.

Before accepting a patient for hypnosis he should be asked if, and when, he had been hypnotised before. If the reply is affirmative, this post-hypnotic barrier is always to be looked for.

Danger of Hypnotism.

It is really necessary to include a few paragraphs under this head, if only that no book on hypnotic treatment would ever be considered complete without them.

Whatever danger there may be can be looked for under one of two main heads :

Danger of undue nervous strain.

Danger of undue influence.

As far as nervous strain is concerned, there is no record of it in any sense harmful *to the patient* except a few instances in which the method of waking has been bungled so as to create fear, and possibly some few instances where repeated total catalepsy had been induced by stage hypnotists for exhibition purposes.

✓ Danger of undue influence by the hypnotist upon the hypnotic subject generally boils down to a belief that (thanks to our old friend Svengali) an unscrupulous hypnotist might use suggestion for facilitating sexual seduction. Naturally the point is important enough to have called for very careful investigation, the result of which (according to Milne Bramwell and others) goes to prove that hypnotism will not make a normally moral nature immoral, nor will it break down any resistance built upon principle.

✓ The above statement leaves untouched the possibility of using hypnotic suggestion to reinforce a will to evil already present, but overlaid by purely superficial inhibitions. My own opinion is quite definitely that where hypnotic suggestion is used to reinforce or encourage an evil bias already present, just

to that extent it is likely to succeed. Under the same circumstances, specious suggestion made in the waking state would succeed equally well.

Dr. Milne Bramwell, in his book, *Hypnotism : Its History and Practice* (Rider & Co.), instances a Swiss professional man tried and convicted of other offences, of whom it was incidentally said at the trial that he had used hypnotism for the seduction of several innocent girls. On investigation the 'innocent girls' all turned out to be prostitutes, hypnotic suggestion having been introduced into the man's relations with them, if at all, certainly for no deeper purpose than that of financial economy.

Hypnotaxy, or hypnosis produced by fixed gazing between subject and hypnotist—during which process the hypnotist may also be holding the subject's head (see stage hypnosis) or his hands, or pressing the subject's thumbs gently but firmly between his own fingers—is generally conceded to produce a state of more complete automatism and surrender of will than other methods. Incidentally, this is the only method worth attempting with insane subjects or those of notably weak mind. As hypnotaxy is produced by both silent and contactual means, it is worth pondering over by those who believe the essential etiology of hypnosis to lie in suggestion alone.

CHAPTER XIV

DURABILITY OF SUGGESTION AND ITS INCREASE

THE effect of hypnotic suggestion is not necessarily permanent, though it may be so. Search of printed records will reveal many truly amazing cases where post-hypnotic suggestion has taken effect fully and accurately after an interval of a year or more, at the day and hour appointed. My own experience leads me to regard such extreme instances of the longevity of post-hypnotic suggestion, though perfectly genuine, as somewhat exceptional.

It all depends upon the subject to whom the suggestion has been given, the state of hypnosis in which it has been given and, probably most of all, the compatibility of the trend of the suggestion with the subject's unconscious desires. Undoubtedly, also, the personality of the hypnotist has to be taken into account, according to the psychological doctrine of transference of libido. This is only another way of saying that, whether given in the waking state or under hypnosis, the assurances of one who is trusted and admired will root themselves deeper and consequently remain fresh for

longer than those of a person 'you don't take to'.

A post-hypnotic suggestion given under light hypnosis may be effective for days, weeks, or months where it has to act against but little resistance, such as when directed toward the relief of constipation or toward improving the memory. Were a suggestion for removing the pain of violent toothache or earache made in an equivalently light hypnoidal condition it might be expected to break down far sooner.

The work of a hypnotist in giving curative and helpful suggestion may be likened to that of a gardener hoeing weeds. For the time being the weeds disappear, the desired plants being equivalently benefited. Moreover, where weeds attacked by the hoe have been small, of no long growth and with but superficial roots, their removal is easy and permanent. If they are stronger and longer-rooted they require more digging out, or alternatively they may be expected, in due course, to begin to show themselves again. Re-hoeing will probably kill all but the very worst of them sooner or later, a matter concerning which time alone can tell. The hypnotist need never be very surprised at receiving a hurried visit from a 'cured' patient in whom something of the old troublesome symptoms has, after a while, unexpectedly reasserted itself.

Naturally, various ideas have been exploited for dealing with the contingency of relapse when hypnotist and subject are at a distance

from each other, or for any reason unable to get into immediate personal touch. One device is for the hypnotist to hand the hypnotised subject a sealed letter, at the same time giving him the post-hypnotic suggestion that whenever the letter is opened and read it will have the same effect as a personal hypnotic treatment, the subject at once falling into 'sleep' from which he will presently awake with the troublesome symptoms gone. This has also been tried with success where in point of fact the 'letter' was no more than an envelope containing a sheet of blank paper.

A better variant of the same idea is to enclose in a large envelope two smaller ones marked 1 and 2. Instructions given to the subject in the waking state are that, in the event of need arising for absent hypnotic treatment, he shall open first the large envelope and then each of the smaller ones in the order marked upon them.

Inner envelope 1 contains the substance of the post-hypnotic suggestion previously given to the subject under hypnosis, with the further instruction that it shall come into force when envelope 2 is opened and its contents complied with.

Envelope 2 contains a sheet of paper having on it the familiar circular spot for ocular concentration, with written underneath the word 'Sleep'. The very cumbrousness and complication of following out the various instructions and opening the envelopes in their right order

has value in bringing the subject's mind into a suitable state of suggestive susceptibility, so that the curative reaction is correspondingly more thorough.

Where it is expected that recurrent absent treatment may be necessary, as, for instance, where a subject has to suspend treatment in the middle of a course of visits, but yet wishes to keep *en rapport* with the hypnotist, a series of numbered envelopes may be given, each one containing a suitable post-hypnotic suggestion. Sometimes each of these is simply a repetition of the last. The act of opening a fresh envelope and reading the suggestion from a new sheet of paper is found to have stronger action than if a single written suggestion is handed the subject and he is told to re-read it when he wants it to operate. Thus deeply is belief in loss of potency through staleness engrafted in the human mind.

Since we can use correspondence for giving distant hypnotic suggestion, it stands to reason that the telegraph and telephone are also available to be called upon for a like service. Hypnotic suggestion by telephone is particularly potent, being only less so than the personal presence of the hypnotist. If we pause to give the matter a little thought, this is no more than we should have expected, seeing that by means of the telephone actual tones of the hypnotist's voice are reproduced in the subject's ear.

Recently the newspapers carried a story of

hypnotic treatment by gramophone records flown from this country to Australia, where they exercised their due hypnotic effect on being played over to a patient who had previously received personal treatment from the recording hypnotist while in England. Again, the records were able to reproduce the already known and relied upon tone of the hypnotist's voice. As to this, one need be by no means surprised at hearing of some highly susceptible person being hypnotised on listening to such a gramophone record made by a well-known hypnotic practitioner, even though hypnotist and subject had never met in person at all. Interesting as a case of this sort would be, it would not take us any further in our knowledge of the wonders to be wrought by pure suggestion upon a mind already attuned to be influenced by it. (Since writing the above paragraph the newspapers have printed a report of a clinic for hypnotic suggestion by gramophone record established in this country.)

Suggestion does many odd things. A country doctor told me of an old lady who for over twenty years had been practically bed-ridden with rheumatism. All the while she had treated herself with Blank's pills and liniment. Although they obviously had done her no good she always 'felt they were making her better'. At last her friends insisted upon calling in a doctor. At the end of a month's medical treatment, when she was out and about and feeling at last fairly well, the doctor

in a tactless but pardonable gust of enthusiasm asked his patient if she did not think there was something in medical aid after all? To which the old lady replied with a tolerant smile :

“I am grateful to you for being so kind and sympathetic, and it is not your fault that I owe my cure to Blank’s pills and liniment.”

Surely such an experience is enough to make one wonder where the power of hypnotic fascination begins and where it ends.

CHAPTER XV

SELF-HYPNOTISM

IN a world of supermen and superwomen, in that nebulously far-off time when each and every individual will provide an almost perfect response to his or her environment, the need for psychic improvement may no longer be pressing. At the present time it would be hard to find anyone who is not labouring under some sort of mental or spiritual disadvantage.

Nervousness, insomnia, irritability, digestive disturbance, humiliating failures of memory, and goodness knows how many other shortcomings, plague us. Each New Year we may make a good resolution to stamp out one or other of them, and are fortunate if we can go a single month before our effort of will is dissipated and we revert to a state of vanquished 'as you were'.

Dr. Ernest Jones says it is impossible for anyone voluntarily to do what he does not want to. If we accept this we can only assume that many things we want unconsciously are the exact negative of our conscious aspirations. In willing to do something contrary to our

settled habit we are, on this view, merely inciting the conscious and unconscious part of ourselves to fight each other like a couple of gamecocks. Since both these combatants draw their vitality from the same host, we need not be much surprised if all the individual gets in return for his expenditure of will is a feeling of lassitude and mental discomfort.

Rather less than twenty years ago Monsieur Coué startled and somewhat amused the world by initiating a health cult based on the claim that he had found a way to issue orders to the subconscious mind without having them intercepted by the 'counter-will'. He told us the way of doing this is by deliberately gabbling the order to one's subconscious self over and over again, while keeping the mind as far as possible a blank. So far from exercising the will consciously, the more nearly the words used came to being the mere reiteration of a meaningless formula the better.

Couéism certainly did accomplish some remarkable results. Had less been claimed for it, the results would have seemed more remarkable still. Among other things, it provided an illuminating demonstration of the power of suggestion upon the human mind when properly applied, even though it be done by one's own self and in the waking state. If nobody else learned Monsieur Coué's lesson, we have it all about us in the work of our advertising agents and publicity managers, whose methods have been radically recast within the last fifteen years.

Self-hypnotism, or auto-hypnosis, provides a way of giving oneself treatment far stronger and more quick-acting than with any form of waking suggestion. It consists of first formulating the required suggestion into an easily remembered sentence, then sending oneself into a hypnoidal state in such a way that the suggestion goes down into the subconscious coincidentally with the dulling of outer consciousness. As with the induction of hypnosis in others, this process of hypnoidal auto-suggestion becomes quicker and more thorough with practice.

A first attempt may easily be made in the following way :

Arrange a small lamp, candle, or night-light, in such a position that when in bed you can look steadily at the flame while resting the body fully relaxed and with the head comfortably supported. If an electric lamp is used as the light spot it should be of low candle-power and preferably with a frosted or blue globe. Decide with yourself some definite time at which you shall wake up in the morning (supposing the experiment to be made when going to bed at night), have a clock visible for checking purposes, then fix your gaze steadily on the light source and begin saying to yourself, over and over : "I shall wake at — o'clock."

Do not try to think particularly of what you are saying. As soon as you feel sleepy the mental repetition of the formula may be

abandoned. If you find yourself longer than you expected in getting sleepy, alternate the waking time formula with a limb relaxation ceremonial, as given in a former chapter, thus :

“My right arm is comfortably relaxed and I wake at —— o’clock. My left arm (and in turn right leg, left leg, body, head) is comfortably relaxed, and I wake at —— o’clock.”

If there has been any unconscious tenseness of the muscles, this will cause it to subside. Bear in mind the previously stated need for the body to be warm for speedy and successful induction of hypnosis.

By making the first trial of auto-hypnosis at one’s usual bed-time, the hypnoidal lethargy produced by fixed gazing is duly merged into normal sleep. After one or two such trials it will be found easy to induce in yourself deep lethargy, if not actual sleep, at any time of the day, either by concentrating the gaze upon a light source or upon a card or paper having a black or coloured concentration spot marked in its centre. When you see that the waking time suggested to yourself over-night is being smartly acted upon, you can with reason expect that other self-made suggestions will be implemented by your subconscious mind in a similar way, such as suggestion for increase of memory, self-confidence, and so forth.

The power to induce sleep at will is of itself one of great and obvious value, for nothing is more exasperating than even occasional insomnia. Incidental pains, such as those of

dyspepsia and toothache, if not too pronounced, are easily swept away by auto-hypnosis, but probably one of its greatest uses is as a help in acquiring and retaining facts. Though its effect varies with different people, the suggestion, "I can study and assimilate (whatever it is) without effort", has a definitely positive effect in improving both power of concentration and retention.

When once one is accustomed to invoking the help of hypnoidal suggestion it is surprising how easily it can be done at almost any time and place, such as by fixed gazing at a flower from a seat in a garden or public park, or by watching a lamp in a railway carriage. It is necessary, or at least advisable, under these conditions to stop short of falling into full hypnotic sleep. This precaution can also be taken in the form of auto-suggestion.

When performing hypnotic auto-suggestion in the privacy of one's own room, there is no reason whatever why full hypnosis should not be allowed to develop; only, in that case, made sure that no foolish person awakes you prematurely by some unsuitable or panic method. You will always wake of yourself at the pre-hypnotically suggested time, or near it.

Self-hypnotism is infinitely preferable to the use of hypnotic drugs in securing sleep, for, however artificially induced, when once established the sleep soon becomes natural, which drug-made sleep does not do. The only drug which is comparatively blameless and may be

resorted to by highly nervous people, not as a sleep specific but for the purpose of lessening general nervous discharge and so aiding hypnotic susceptibility, is bromide of potassium (or bromide of sodium) dissolved in water and taken in doses of from five to fifteen grains. Except in serious heart disease it is harmless.

CHAPTER XVI

HYPNOTISM IN MENTAL ANALYSIS

THE outline of the use of hypnotism given in preceding chapters of this book presents a method of superimposing upon the mind of a hypnotised or semi-hypnotised subject the reasonable and helpful suggestions of the hypnotist. Even in auto-hypnosis, where hypnotist and subject are one and the same person, the above description remains true.

The power of whatever post-hypnotic suggestions have been given often operates indefinitely or permanently, but it may become worn down by time, for the original psychic condition of the subject to reassert itself. In successful instances the suggestions become permanently absorbed as an integral part of the character. The permanency of the new psychic state is then lifelong.

In only partially successful instances the process may be compared with that of electroplating. If an article is thickly plated, and if the wear to which the plating is afterwards subjected is not excessive, the coating wears so well that its superficiality never becomes

apparent. If anything occurs to rub it unduly, or if it be rather thinly and poorly applied in the first place, the original metal eventually shows through. Its own colour reasserts itself, and for all practical purposes the value of camouflaging base metal with a finer exterior has been lost.

It was this element of doubt about the durability of the new facing—which is all that simple hypnotic suggestion sometimes applies to human character and the emotions—that led psycho-therapists, headed by Dr. Sigmund Freud, rather over forty years ago, to search for a more certainly permanent cure of the neuroses. That search led to the creation of the wonderful edifice of modern psycho-analytic technique.

As at present practised, it is generally undertaken in the waking state. Freud's reason for this was, according to his own published explanation, mainly twofold. Not all persons make good hypnotic subjects, and those suffering from the most marked and stubborn neuroses are sometimes impossible to hypnotise at all. As a mental specialist habitually dealing with cases wavering on, or even over, the border-line of actual insanity, his need was a technique which could be applied to all patients without exception. That was one reason for preferring waking treatment. The other main one had to do with his wish to discourage an exaggerated sense of dependence upon him which some highly neurotic

subjects were apt to show toward the hypnotist.

It will be appreciated that when dealing with psychically normal, or only mildly neurotic, persons the Freudian objection to having the subject in the hypnotic, or at least hypnoidal, state would not apply. This leaves us free to revert to Freud's original method of mental analysis wherein the subject was hypnotised before being questioned to uncover the origin of his symptoms.

To attempt an adequate explanation of psycho-analytic theory or methods in the space of a short chapter would be aiming at the moon. Freud sees in every adult or growing child the logical development of a new-born babe. Assuming that a baby is normal when born, he argues it should grow up into a mentally and spiritually, as well as physically, healthy individual. If it contracts any form of nervous insufficiency, the cause of this must therefore be a definite and discoverable injury.

Just as an injured animal will creep away and hide, so an injury to the normal development of the person's spiritual self, 'psyche', or ego, will hide away from the consciousness of the injured person. Only the harm done by the injury will show itself in any one or more of a number of nervous upsets, including various hysterical symptoms, causeless fears, inferiority complex, compulsive mannerisms, and the sort of illnesses for which an orthodox medical man is wont to prescribe a tonic and

a change of air ; adding under his breath a fervent prayer that it may be long before the patient returns.

Freud, judging from the staid old British point of view, put his foot into it badly by dragging in the word sex to mean something we don't mean by it at all. He saw the newborn babe as a bundle of physical sensation, its conscious life a record of physical needs alternately unfulfilled, giving pain, and fulfilled, giving pleasure. As this 'pleasure-pain' complex was obviously destined in due time to supply the motivation, among other things, of sexual instinct, he called it infantile perverse sexuality. From that time on, 'nice' people have disapproved of him. But you can't understand Freud's work at all unless you realise that 'sex' to him does not mean in the least what it does in the ordinary phraseology of this country. For instance, he would almost certainly class the act of choosing a public school for your son as a secondary sexual activity ; whereas, to him, a casual affair between a man and a woman where there is no wish or intention of procreating offspring is not a true act of sex at all, but one of perversity.

Freud believes that nervous ailments of the sort previously indicated, as well as innumerable lesser troubles such as stammering, undue shyness, and stumbling over words, are the result either of psycho-sexual or somatic-sexual injuries received in the earliest years of life—generally not later than the age of two.

In other words, the freshly arrived bundle of physical needs and gratifications which is a human baby has had its rudimentary thoughts misplaced in some way by a mental jolt, and has never been able to rearrange them rightly again.

The treatment which Freud originated for neurotic troubles begins with questioning the patient about his early life and childish memories. Soon the patient shows resistance to continuing them and the psycho-analyst knows that, just as a tooth gets more tender in the neighbourhood of the nerve, so the patient is approaching some 'covering memory' concealing another earlier memory which would provide a key to the original injury.

At this point one may take the loop line, as it were, by setting oneself laboriously to break down the patient's resistances while in the waking state. To do this, dreams are collected and lengthily analysed. Lists of stimulus words are read over to the patient, and his time reaction, word reaction, and repetition word reaction to each stimulus are taken. Handled in this way, a partial mental analysis will occupy generally a couple of months, while a full one may take from six months to three or four years.

A more direct road to the unconscious complex is by conducting the analysis—in part, at least—under hypnosis. It is beyond question that earliest childhood experiences can be brought to the surface far more easily while

under hypnosis, so that they become available to the hypnotist. In this way covering memories can be reached and stripped aside, revealing the actual trauma responsible for what may be a lifelong major warp in the personality. It is true that sometimes one gets fantasies, but when accepted only as starting points for analysis they serve perfectly well.

Need it be pointed out that a mental analyst engaged upon such work occupies a position every whit as confidential as that of the priest in the confessional? He has constituted himself a mental scavenger, the efficiency of his work depending entirely upon his maintaining an attitude free alike from revulsion or disgust. It is no more his business to adopt a criticising attitude to what he hears than it is the business of the street cleaner to moralise over what he finds in the gutter.

Under no circumstances whatsoever, with or without the patient's consent, must mental analysis be carried out before relatives or friends. The nature of the complexes which will inevitably be brought to light would certainly be both inexplicable and horrifying to them.

Moreover, one word of implied surprise or reproach on their part would so increase psychic resistance as to make continuance of the analysis virtually impossible.

Unlike simple hypnotic suggestion, the unearthing of the affective complex, or set of

incidents forming the original injury, accompanied by free discussion of them, is an act of exposing instead of overlaying an old trouble. The offending unconscious trace, by being made conscious, has been taken out and aired till its 'bad smell' has been dissipated.

Though the original trauma of every adult neurosis dates back to early childhood, it nearly always proves to have been made active by attachment to a secondary psychic injury received in puberty or adolescence. Where it is impossible to continue treatment for long enough to uncover the original psycho-sexual injury, even with the help of hypnosis, much good can be done by uncovering this secondary psycho-sexual injury. Here is a typical instance.

An intelligent and attractive lady of good birth complained that she had lost the ability to mix happily with her friends. In physical health she was perfectly well, and was moreover obviously popular with her own social set. Invitations constantly came to her which she was unable to accept. Asked why, she replied that on going to a friend's house she lost all power to think and could not even answer the simplest remarks intelligently. Her limbs began to tremble, she fell into a perspiration, and soon could do nothing but make a bolt for it to get home again. Even when at home she had lost her old power of reading fiction with enjoyment or of carrying on with the art work which had formerly been her hobby.

Lengthy analysis was not possible. None the less, after quite a small number of treatments a memory was uncovered which had a truly extraordinary effect upon the patient. She thought of herself walking about in the street outside a post office. The day was wet. Soon it transpired that the street stood as a symbol of indecision and utter misery. In the middle of speaking the patient broke off: "I can't go on. It's making me too miserable. I want to kill myself." At the same time she started trembling violently and wringing her hands, while her face broke out in a profuse perspiration. Only then did she remember that the street also reminded her of a secret love-affair with a man who was known to all her friends to be quite worthless.

The post office now linked on with the receipt from this man of a telegram saying he was going away. That had all been several years before. Her trouble had come on within the last few weeks. Why? That time she was able to supply the reason promptly. She had recently heard that the man was returning to England again.

From this point, analysis of the secondary, adult psycho-sexual complex became simple. It boiled itself down to this:

"I made an absolute fool of myself once, and by sheer luck my friends never got to know about it. If they had, they would have cut me. Now the cause of it is coming back, and again I may be tempted to give way to

foolishness. A second time I cannot hope to go undetected. Hence, *the one thing to be done is to drop my friends before they drop me.*" (Repeated refusal of invitations, etc.)

On completion of the analysis the patient was asked to return next day. She duly came and announced that she had felt sufficiently herself on the night before to attend a quiet little supper at a restaurant with a few of her more intimate friends. Had she enjoyed it? Why, yes. Had she had any return of her former symptoms? No. She added that she had not previously realised how suddenly these symptoms must have left her.

She was next asked to go over once more the whole story of the pitiful affair that culminated with the wait outside the post office. This time she began quite readily, recounted the facts in even greater detail than before, and with a certain amount of relish. At the conclusion she was asked if her former feeling of utter desolation had come back to her.

She replied, with obvious surprise, "Not a bit. I wonder why ever I worried about it all so much. Plenty of people are foolish when they are in love, and it is no great sin."

In short, her subconscious inferiority complex was quite cured. None the less, as in all such cases, deep analysis would have uncovered a previous psycho-sexual injury dating from early child life.

It was a case of doing one's best with a time limit, and is given to show that even under circumstances of hurry, mental analysis (in this case waking analysis) can do much permanent good.

CHAPTER XVII

SUGGESTION BY CORRESPONDENCE

AT the present day, various systems for increasing self-confidence and removing 'inferiority complex' are offered to readers of popular literature, some of them in the form of confidential pamphlets or correspondence courses, some contained in articles in the periodical Press. All of them depend largely upon suggestion. Their undoubted success speaks volumes for the amount of neurosis among supposedly normal young adult members of a nation whose children are ever-increasingly well guarded against infantile psycho-sexual injury.

Advertisements of nerve cures by correspondence state with truth, 'You cannot cure yourself by an effort of will'. The reason, as those who have read the previous chapters of this book will doubtless have gathered, is that, in addition to doing a great disservice to the individual, every neurotic symptom also performs a small service in that it provides a reason, however inadequate, for justifying the victim in acting as the subconscious part of his character wants to do.

For instance, a youth who suffers from nervous blushing finds himself thereby rendered unable to mix with girl friends. Blushing is a physical conversion symptom of the unconscious self-reproach, 'I fall painfully and obviously short of my manly ideal.' At the same time the symptom provides an excuse for keeping out of the company of the opposite sex. In this way his psycho-sexual short-coming is protected from the prying eyes and laughing remarks of others.

Thus, at a relatively enormous price, our injured one has supplied himself with a valid reason for hiding his injury from others. He no longer has to plead guilty to being ashamed of himself. All he need own to, or even recognise in himself, is an awkward and distressing but comparatively harmless habit.

Consideration of the above instance will show that the ego or psyche within the subject of every nervous affliction has, as Dr. Morton Prince long ago pointed out, been split into two. There is a self that wants to be cured (the conscious self) and a second self (variously styled unconscious or subconscious) which equally determinedly wants to remain uncured, in as much as the neurotic symptom at least supplies a handy excuse for turning a blind eye upon that which the conscious mind does not wish to recognise.

An effort of will, however strongly applied, affects only the conscious component of the ego. Not only does it, as already explained,

entirely fail to penetrate below the threshold, or limen, of consciousness to the subconscious or subliminal self, but the unconscious self actually reacts to the effort in an opposite sense by generating what is known as hysterical counter-will. Seeing itself menaced it puts up a fight for its life.

Thus, instead of our effort of will against the nervous symptom being successful, it merely increases the spiritual tussle going on within ourselves. That is the reason why we only tire ourselves out in this way and become the more depressed.

Couéism, as mentioned in a previous chapter, was a method of formulating a conscious health wish and driving it down into the subconscious so rapidly that the afflicted component of the ego remained not fully alive to what was happening. Any suggestion coming from outside, and put sufficiently forcibly and impressively, not only may accomplish the same thing, but has an even better chance of accomplishing it. Hence the success of various 'personal magnetism and success' treatments run by correspondence.

You write and say that you feel hopeless. Nothing is going rightly. You are inadequate both in your work and in the social relations of life. You make this and that mistake. You cannot do one thing or stick to another. You have made resolve upon resolve, told yourself you will, and it simply doesn't work. What about it?

‘As soon as the cat had lapped up the milk’—otherwise when you have paid the necessary fee—you receive some simple instructions to carry out combined with the definite categorical assurance that you *will* be able, and so forth. That is no statement of your own nervously depleted half-self, the other component of your ego meanwhile acting subterraneously to defeat it, but it is the clear-cut assurance of one in authority. Had you not already recognised the authority you would not have paid the fee. In other words, you have received a revivifying suggestion conveyed in such a manner as to be operative both consciously and subconsciously.

When I was a youth, medical practitioners, little as most of them knew it, made use of a form of health suggestion in their practice which they have now abandoned. There was a more or less stereotyped medical man’s dress consisting of top-hat, frock coat, and massive gold watch with an equally massive chain. I do not remember the days when the form of an old-type wooden stethoscope used to distend the general practitioner’s coat pocket. Those were times when the ailing would express themselves as ‘better for the sight of the doctor’. In plain words, this was psychological reaction to a uniform—the medical man’s accepted uniform of office. Many a patient has been cured by the sight of a frock coat who thought the miracle to have been wrought by a bottle of medicine.

In these more enlightened days the power of civilian uniform no longer works for curative purposes. It has passed over to the coloured shirt and the steel helmet. How real the power is in its new guise as a suggestion of destruction we have only to look about for ourselves to see.

Every advertisement hoarding is a centre for conveying psychological suggestion by the written word, generally reinforced with illustration which acts like the hypnoidal concentration spot in compelling fixed gaze for long enough to allow the accompanying verbal suggestion to take effect. Quite possibly some of the better planned and more concentrated poster announcements do even exert a light hypnoidal effect upon susceptible readers who study them under sufficiently favourable circumstances.

An underground railway coach embellishment appeared a little time ago consisting of a white area with a red spot on it, the name of the commodity advertised, and an instruction to gaze at the spot for half a minute, then to look at an adjacent white surface upon which a replica of the spot would appear in green.

The fact that if you tire the red-sensitive component of the retina of the eye by concentrated gazing upon a patch of this colour you can see on a white surface a mirage image in the complementary colour of green, is well known, having been demonstrated by Young and Helmholtz early in the nineteenth century. Quite evidently, the compilers of the above advertisement made use of the fact to prevail

upon passengers to concentrate their gaze until the advertisement's message passed beneath the limen of consciousness.

The principle would seem to be capable of further exploitation.

CHAPTER XVIII

THE HYPNOTIC FACTOR IN PSYCHIC MEDIUMSHIP

WHEN a much younger man, I was not only deeply interested in the study of the supernatural (as I still am), but made many attempts to get first-hand evidence of unimpeachable spiritistic phenomena. That I did not succeed makes the actuality of such phenomena neither more nor less probable. What concerns the present subject is that my search brought me in touch with one form of 'development circle', the method of which was decidedly hypnotic. Needless to say, not all circles are conducted on these lines.

This particular 'circle' made use of a system faintly yet distinctly related to that on which Mesmer arranged his seances round the magnetic 'baquet'. A number of chairs were placed in the form of a circle, the backs of the chairs being outward so that those seated on them faced toward the circle's centre. Within the ring of chairs stood the development circle's instructor.

When the chairs had been duly occupied the instructor called for an interval of silent

contemplation, after which he gave a short address directed toward creating the necessary atmosphere of spiritual calmness and harmony. A paper or card was then laid as nearly as possible in the exact centre of the chair ring. It bore upon it the, to us, familiar spot for gaze concentration. Members undergoing development were told to fix their eyes upon the spot intently while holding in mind the harmony idea.

Presently the instructor would explain that the first sign of psychic development in a sitter might probably be an appearance of blue ethereal mist rising from the concentration spot. A little later the question would be put : "Which of you sees the blue mist?"

Once someone had seen it, development proceeded fairly rapidly. Other members followed, some of them quite possibly by imitation, which will not surprise us unduly. Each member of the circle who saw the mist was enjoined to watch for spirit faces. Others were told their form of mediumship might be clairaudience rather than clairvoyance, and were encouraged to listen for the whisper of spirit voices.

Granting that the use of hypnotism as an aid to psychic development is the exception and not the rule, there would seem to be no valid objection to it provided it can prove its power of speeding up what is otherwise always a lengthy, and often a mentally fatiguing, process. We know that, even from

the time of de Puysegur, hypnosis has been believed by many earnest investigators to go with the exhibition of psychic power of a high order. Modern occultists, from A. P. Sinnett onward, have come more and more to favour the same view.

Occultists consider that, in addition to its generally recognised physical and mental attributes, the human body has an astral counterpart which stands in relation to it as the ultra-short wave stands to the long wave in wireless transmission.

The astral body permeates the physical body and even extends a little outside it, forming an aura or halo-like envelope of astral substance. Under certain circumstances this aura can be distinguished as a corona formation of coloured light extending for a foot or more (some sensitives claim it extends three feet) from the body of each living being.

Those who claim ability to see this aura are credited with doing so by virtue of being able to 'lower its vibration' in much the same way that a screen of barium platino-cyanide placed in the path of invisible X-rays glows visibly by its power of lowering, or lengthening, the X-ray vibration.

From the above it follows that, once we have granted the occultist's premises, he has a perfectly logical explanation of the part played by members of a development circle in helping spirit manifestation. The combined auras of the sitters provide a battery of astral power

with which the spirit can clothe itself and 'build up'. How does a state of hypnosis, or of hypnoidal lethargy, help this—granting, for argument's sake, that it does help? Has it an action of freeing the aura?

On the auto-suggestion theory of hypnotism no help is to be found in answering the question. On the other hand, when we provisionally accept the earlier 'magnetic fluid' theory of Mesmer, du Puysegur, Deleuze, and the later occultists, suitable explanations readily present themselves. If, moreover, we accept the results of experiments published by Baron von Reichenbach about the middle of last century, we may even regard the explanation of the action of hypnotism in furthering psychic development as matter capable of experimental proof.

Reichenbach, while experimenting in the silent induction of hypnosis in a highly sensitive person solely by the power of a steel magnet held near to the subject in total darkness, discovered that the sensitive was able to locate the position of the magnet by 'flames' which she saw playing about its poles. Not only did she do this but also began to see smaller flames issuing from the mesmerist's finger-tips. Since then many sensitive persons have been able to do the same thing, and the conclusion seems probable that this evolution of magnetic power is of the same nature as the substance of the human aura. One American sensitive has stated as much in definite terms,

claiming to be able to see the interaction of aura and magnetic force during the progress of hypnosis, and even preparing diagrams to illustrate this interaction. In modern times, Dr. Bernard Hollander, who was anything but an occultist, satisfied himself by experiment that the visible emanation of ody force from magnets and from the mesmerist's finger-tips is a fact.

It is my misfortune not to be able to add my testimony from personal experience. If I ever came across a sufficiently sensitive subject I have never had the opportunity of continuing experiments far enough to get evidence of the above phenomena. I can, however, supply one first-hand experience which those who wish may label 'Hypnotic Clairvoyance'. While affording by no means cast-iron proof of supernormal communication between two living minds at a distance, it certainly is most easily explained in that way.

The subject of the experiment was the wife of a purser in the Navy. Before being hypnotised she expressed a wish to "see what my husband is doing". It was known where his boat was cruising. I agreed to attempt a 'travel' experiment, for what it was worth.

The lady, who had never been hypnotised before, proved an excellent subject, passing into deep somnambulism in two or three minutes. In due time she was given the suggestion that her ego would travel to where her husband was, and would report what he

was doing. Almost at once she described the rocky coast not far from which the naval ship was cruising, and then proceeded to give a detailed account of her husband in a small cabin sitting at a table in his shirt-sleeves, with ledgers before him. The hypnotic experiment took place during the early part of a summer evening.

On waking up, the lady remembered nothing of all this. Her account was repeated to her and she promised to send word concerning its truth on meeting her husband in about a fortnight's time. For my own part I thought it highly unlikely that anything veridical would emerge from such very ordinary matters as the 'travel' incident contained.

What actually emerged when the subject-matter was laid before the husband for his confirmation was much more interesting than had been expected. The position of the ship was approximately correct. Guesswork might have brought about as much. When, however, he was told of the small cabin, the ledgers, and of his being seen working at them in the evening in his shirt-sleeves, he at first brushed it aside as 'all wrong'.

"You are describing the assistant purser's quarters, not mine," he said. "Also, it is the assistant purser who has the daily donkey work of posting the books, and neither he nor I would leave that until the evening."

And then he remembered something else.

On the day before the one of the 'travel'

experiment, the assistant purser had 'gone sick'. So 'to help the poor devil out', the purser had, for the next two or three nights, repaired to his assistant's room and posted his books for him. The weather being very hot, he had done the work in his shirt-sleeves.

CHAPTER XIX

PSYCHO-ANALYTIC THEORY OF HYPNOSIS

IN the course of this book, which makes no attempt to be either deep or exhaustive, we have come across instances of hypnosis being induced by a number of means which, superficially at any rate, bear little or no relation to one another :

A man or woman has a magnet applied to the thumb, or to the spine, or touches an actually or hypothetically magnetised rod and becomes hypnotised.

A light is gazed at and the subject becomes hypnotised.

Deep hypnosis is produced by gazing into the hypnotist's eyes.

A touch on the eyelids and the whole body of the subject becomes rigid in hypnotic catalepsy.

A yokel walks on to a music-hall stage, is seized threateningly by the stage mesmerist, stared at, given a rough word of command, and becomes hypnotised then and there.

Gentle caressing of the forehead, a few whispered words, and a naturally sleeping

child passes into a state in which it obeys post-hypnotic suggestion.

A barn-door fowl is placed in a particular position before a chalk mark, whereupon it remains immovable. The house cat passing close by fails to distract its attention from the chalk mark.

This summary reads rather like one of those met with in popular detective stories, where clues multiply with each succeeding chapter, but refuse to fit together. Explaining the mystery by saying that in each case the hypnotic subject is susceptible to suggestion may be helpful as far as it goes. It does not tell us why he should be, or explain the basis upon which suggestion operates. And we still want to know the difference, if any, between suggestion in hypnosis and suggestion in the waking state.

Bernheim, after a lifetime's experience, gave the opinion that there was no essential difference between waking and hypnotic suggestion, and this agrees with the generally accepted point of view. Anyone under strong suggestion may be said to be in a state of monoideism, or single-mindedness, in so far as—conscious will being in suspense—the all-compelling idea sinks directly down into subconsciousness, where it is free to act unhindered as a focus of motivation. All panic-stricken acts are instances of monoideism in waking life.

The reason of human beings being suggestible at all the psycho-analytic school of

thought traces back to early childhood, when the infant's rudimentary intelligence was without power of exercising criticism over what its parents told it. We naturally picture a mother coaxing her child, the father occasionally stepping in to issue peremptory orders or administer punishment. As the child's first emotions are toward its parents (be those emotions love or hate), we find the infant learning to obey and to believe under two distinct impulses : affection and fear.

Freud and his followers see in hypnotism a dipping down to the crude appeal of primitive impulses. Many incidentals in hypnotic technique go to make this view plausible.

Thus, on the side of reversion to the mother, we have the highly significant fact that warmth is conducive to hypnosis, while chill operates strongly to throw it off. The hypnotic power of a soft, drowsy tone of voice, combined with a quietly certain and confident manner, certainly parallels the maternal coaxing attitude to infantile budding intelligence. To complete the analogy, the stage hypnotist with his intent, searching stare, his firm hold on the back of the head, and his "What d'ye mean? Sleep, I tell ye. Sleep!" paints a sufficiently recognisable picture of paternal authority as exhibited in the lower social grades of life, which provided patrons for the cheaper seats in old-time music-halls.

A short extract from *Papers on Psycho-analysis*, by Dr. Ernest Jones (pages 332, 333)

will illustrate the bearing of this upon hypnotic technique :

“The two means (of hypnosis) are appeals to fear and love respectively. In the first place the matters of decisive importance are : social and professional prestige of the hypnotist, absolute self-confidence, firmness, imposing behaviour, and assured tone in issuing commands. . . . In the second type the requisites are : a darkened room with complete stillness, a mild and friendly attitude on the part of the hypnotist,” etc.

The Hungarian psycho-analyst Ferenczi has gone so far as to label these the paternal and maternal methods. He claims that :

“The capacity to be hypnotised and influenced by suggestion depends upon the possibility of transference taking place.” ‘Transference’ here means temporary transference of the infantile parent ideal to the hypnotist. Jung, in his *Analytical Psychology* (pages 239, 240), gives actual instances where the attitude of neurotic subjects to the doctor showed so marked a content of infantile emotionalism as to be objectionable.

In accepting this theory of the power of suggestion we must not lose sight of the fact that in addition to it covering all suggestion, including that in the waking state, the objectionable features only obtrude with subjects of a

type who might equally be expected to be worrying patients under the forced confidential familiarity necessary with any form of medical treatment. It in any event, would settling what suggestion is explain the cause of hypnosis?

How about the induction of hypnosis with a magnet, and what of the hypnotised fowl? I am not aware that mother fowls stand their chicks to face a white line as part of their infantile upbringing. We may shuffle out of the consideration of this form of hypnosis perhaps by saying (as some critics do) that it is not hypnosis at all, but merely 'fascination'. If so, is the particularly complete automatism obtainable through hypnotaxy not true hypnosis either? We shall bear in mind that is also produced by a process of silent fascination.

What of Hehl and his pre-Mesmer magnetic plates?

CHAPTER XX

WHAT IS HYPNOTISM ?

WITH the success of hypnotism in curing many soldiers who had been shell-shocked in the Great War, the medical profession finally accepted it as a method of treatment by suggestion. Nothing more was recognised in it than a technique for getting ideas into the unconscious mind of the subject, where they would be accepted with the unquestioned completeness with which a small child accepts its parents' assurances. Mesmer's magnetic fluid theory, upon which he produced undeniably brilliant results, is still generally regarded by medical opinion as nonsense.

Psycho-analysts have characteristically provided an explanation which, moreover, serves to discredit the theory with the uniquely satisfying thorough-goingness of second-rate psychology. For them, 'animal magnetism' and 'magnetic fluid' are terms having a disguised sexual meaning, as have also the aura and ectoplasm of spiritualist hypothesis. This should not worry us over-much, for just as every specialist has a penchant for finding in his patients his own pet

disease, so Freudian technique, when applied by the victims of their own complexes, has a marvellous adaptability to the 'Heads I win, tails you lose' game.

That medical psychology should not be without practitioners over-eager to think the worst of everyone except themselves, need not surprise anyone who reflects that an over-developed sadistic component in the psyche may lure recruits to the ranks of the medical and nursing professions as powerfully as does a fully sublimated desire to help suffering humanity. That is only another instance of the human element proving the weak link in the chain of an essentially sound and most beneficial system.

Dr. Bernard Hollander was one of the few fully qualified hypnotic practitioners of immediate pre-War days who did not turn up their noses at the magnetic fluid theory. Here is an account of one of his favourite experiments slightly condensed from his book, *Hypnotism and Suggestion* (Pitman) :

"Six glasses filled with water are put on the table. The subject looks away, or may be blindfolded, while someone selects one of the glasses, which I am to touch. The subject is then asked to select the 'magnetised glass', which he does without hesitation. *Frequently I do not even touch the glass*, but hold two extended fingers over it. The subject will then taste the

water in each glass till he gets to the 'magnetised' one, which he then hands to the operator."

Hollander proceeds to set down, for what it may be worth, the generally accepted explanation of the experiment, that it is due to a slight and normally undetectable rise of temperature, or else to a physically inexplicable alteration of taste, in the water over which the fingers were held. As far as temperature alteration is concerned, this would probably be of an order of less than one-thousandth of a degree Centigrade ; certainly many times less than the temperature rise brought about by the subject picking up the glass in his hand to sample its contents. Alteration of taste might perhaps be noticed by a subject rendered hypnotically hypersensitive if the operator's hands had previously been washed with one of the knock-me-down brands of cheap scented soap, or if they were smeared with iodoform ointment—neither of which possibilities are in the present instance to be imagined.

There remain other theories to explain the above experiment, such as hypnotically induced super-acuteness of sight and hearing, but it is difficult to make any of them fit the facts as well as does the magnetic fluid theory of Mesmer, du Puysegur, and the early pioneers ; and Hollander is quite content to admit that this is so. One cannot help feeling that the time has come for a series of

tests on the same lines, carried out without acrimony and under strictly impartial control, in the hope of getting more light on the question of what mesmeric, or hypnotic, influence is, and is not.

On the subject of thought transference while in the hypnotic state, Hollander was again more inspired than orthodox :

“The old mesmerists used to concentrate their attention, and exercise all their will-power to get their subject magnetised. By their passes, fixed gazing and mental concentration they *almost, if not entirely, hypnotised themselves* by the same act by which they mesmerised their subjects. The absorption of the mesmerists put their subconscious mind in activity, and so it was possible, without a word being spoken, for the mesmerised subjects to receive the impression of the thoughts of the operators.”

Is there here the key to the identity of the mesmeric fluid ?

May it be simply suggestion not only subconsciously received but subconsciously sent out ? Then, what about the hypnotic effect of applying magnetised steel ? Is it nothing but an artificial medium applicable only for influencing ‘trained’ subjects ? There is some evidence this may be so. Does the magnet help to carry over a subconsciously transmitted

command from the hypnotist? One would like an answer to that too.

An observed phenomenon, with which Hollander's belief in a physical, perhaps radioactive, human emanation does exactly fit in, is the particularly deep and complete automatism brought about by fixed gazing, and the fact that by means of it advanced neurotics, psychotics, and the semi-imbecile are sometimes hypnotisable when they can be affected by no other method.

Fascination of animals and birds by such means as a chalk line may perhaps be referred to suggestion through inherited memory, allied to the human racial fear of snakes and wild beasts.

Yet another point may be worthy of consideration. We have dealt with the human attribute of susceptibility to suggestion; we have seen the operation of it in the waking state and in hypnosis. In doing so we have considered three things: hypnosis, waking, suggestion. Are we necessarily moving along the right track in combining these three into a unity for the purpose of finding a theory which will straddle them all?

May not waking be a state in itself, hypnosis another state, and susceptibility to suggestion have no necessary fundamental alliance with either?

The mechanic who, as described in an early chapter of this book, was 'sent to sleep' by a brilliantly illuminated rotating glass vane was

not expecting to be hypnotised. On the contrary, he was concentrating upon work requiring all his attention and skill. A few more cases of that sort might establish the verity of a hypnotic principle acting by virtue of itself, though capable of being greatly expedited by suitably directed suggestion.

If that were shown, the fact that Mesmer called the power a 'fluid' even if his selection of the term were influenced, as some psychoanalysts say, by an infantile psycho-sexual figure, makes not one scrap of difference to any of us. As a matter of fact, psycho-sexual figures adorn the terminology of many crafts, trades, and professions.

While we may, should we wish, haggle over terms, the power of hypnotism remains precisely the same.

In conjunction with diagnostic mesmerism, steel magnets have been used for passing the symptoms of a diseased person temporarily into the body of a sensitive subject. The subject is then wakened and found to be none the worse, while the diseased person is benefited. As to what actually lies behind such an experiment there is great difference of opinion. On the one hand, writers such as the late A. P. Sinnett are so positive of the objectivity of magnetic force as to find it hard to keep patience with the subjective suggestion school, who ascribe results of the above kind to subconscious expectation. For myself, I cannot but give weight to Hollander's opinion on the

subject, if only that he always adopted an attitude of studious moderation and tolerance, never hesitating to submit his theories to be tested by those holding a contrary opinion to his own.

“There is no doubt in my mind” [he writes] “that a magnet gives off some force which can be felt by a hypnotised subject, and that our own body—particularly at the fingers’ ends—exerts a similar influence.” (*Hypnotism and Suggestion*, pp. 100, 101.)

CHAPTER XXI

THE FUTURE OF HYPNOTIC PRACTICE

THERE is a deeply rooted reason why few of us are likely to live to see hypnotic therapy established as the popular cure it deserves to be. It casts out fear, and fear has its uses of a sort easily, if subconsciously, recognised by the elementary mind. The only two ways of avoiding daily disaster are by being the slave of your reflexes, which is the natural reaction of fear, or by the ever-bright use of cultivated intelligence. Up to a point fear is, of course, necessary to life. Fear of pain makes us take care of our bodies, just as fear of ridicule is apt to curb our brighter impulses to the level of the herd which we call our social set.

An explorer hurriedly entered the shack of a doctor in a bitterly cold mining-camp on the Yukon. "Doctor," he cried, "I want you to treat the fingers of my right hand. They have become so badly frost-bitten that I can't feel a thing in them."

"Obviously not," replied the doctor laconically. "You knocked one of your fingers off

by hitting it against the corner of the table as you came in."

We need our warning sensations of pain where the warning is necessary, just as we need a normal fear content. It is the totally abnormal and ever-increasing fear content in modern civilised life which is so serious and calls so clearly for treatment, whether this fear shows itself as irascibility, sensitiveness to noise, the inferiority complex, doubt, hesitation, insomnia, or any of the multitudinous other disguises it may take.

To a healthy psyche the cheery clatter of a pneumatic road drill, the sibilant call of escaping steam, the gruff but friendly salute of roaring traffic are heartening reminders of that vortex of effort in which we are privileged for a while to show our mettle by playing our part. Town dwellers of a past age, whose nerve sheaths were well-nourished without the help of canned vitamin products, walked upon cobbles, listened to loud street cries, and lived to a ceaseless accompaniment of iron horse-shoes pounding along. Nor did they trouble to invoke the city authorities for bye-laws to stop it. Why? We know by the popular ballads of their day that they liked it.

Psycho-analytically speaking, they had not the urge to regression which our present generation shows so markedly.

So far from spoon-feeding legislation being able to ameliorate national neurosis it will, just as with the pampered child, only make it worse.

The cure for nervous troubles is not by altering external circumstances, but by helping the individual to come to terms with himself. Hypnotic suggestion can in the great majority of instances do this by the simple process of throwing weight on to the right side of the balance in the argument which, all unknown to the nervous subject, is going on between his conscious and unconscious psychic components. Only in comparatively deep neuroses does a lengthy psycho-analysis become necessary.

A time will come when there will be adequate wide-spread provision for ministering to the mind that is run down and out of tone in the same way that, thanks to panel and hospitals, we can so easily obtain ministration to our bodily troubles. That time is not yet. With a numerically inconsiderable, though ever increasing, number of exceptions to give emphasis to the rule, the actual *de-facto* qualification possessed by orthodox doctors holds true for practise on the body only, not the mind.

Psychotherapy is no serious or lengthy part of routine medical study. In any event, the equipment necessary as a foundation for effective mental healing is a thing of itself. That observation at least accords with the experience of one come of a longish race of medical practitioners, who has lived in intimate touch with them for the greater portion of a moderately long life.

Let us be thankful that there is at last an awakening of orthodox doctors to the curative power of psychotherapy for those functional nervous disorders hitherto baffling and hardly the less serious in that, though they rob life of happiness they need not cut short one's days. With this awakening, doctors are beginning to make a more and more concerted attempt to monopolise the new treatment. This clutching hand attitude is an unfortunate characteristic of a profession pregnant with the strangest anomalies, wherein real self-sacrificing devotion to the service of suffering humanity companions what sometimes amounts to callous neglect in the name of medical caution and etiquette.

A lucky psychotherapist is he who, not being also a registered medical practitioner, will find himself however accidentally in the presence of a doctor without being reminded that he is 'not qualified'—though the one who makes the remark should himself be most dismally ill-equipped with the very elements of psychopathology. It is for the benefit of fully qualified readers that I print the following case ; and I wish it were the only one of the sort which I could give of personal knowledge :

A middle-aged and rather broken-down man, whose home life had undoubtedly been not over-happy, decided he did not want to continue living. As a simple way out, involving no drastic effort on his part, he adopted a hunger strike. The family doctor,

of long experience and high reputation for general medical skill, was called in, made examination, reported no organic disease, and told the man to eat his meals and be sensible. This 'treatment' continued for more than a month, the patient succeeding in circumventing some sporadic attempts at forcible feeding, and the doctor making one or two visits each week and becoming increasingly irritated and sarcastic. On the day following a visit, when the doctor had once again assured the patient's family there was nothing wrong but his stubbornness, the patient died.

While such cases as this occur, would it be wise that medical men should, *ipso facto*, be permitted to monopolise the practice of psychotherapy?

In the foregoing chapters I have attempted to place in the hands of those who wish for it, and have the natural equipment to make good use of it, a first-aid guide to ministering to a degree of mental and spiritual illness that might correspond on the physical plane with those moderate and minor infirmities for cure of which the pages of a 'home doctor' might reasonably be consulted. This book aims no higher than to be a psychotherapeutic 'home doctor'.

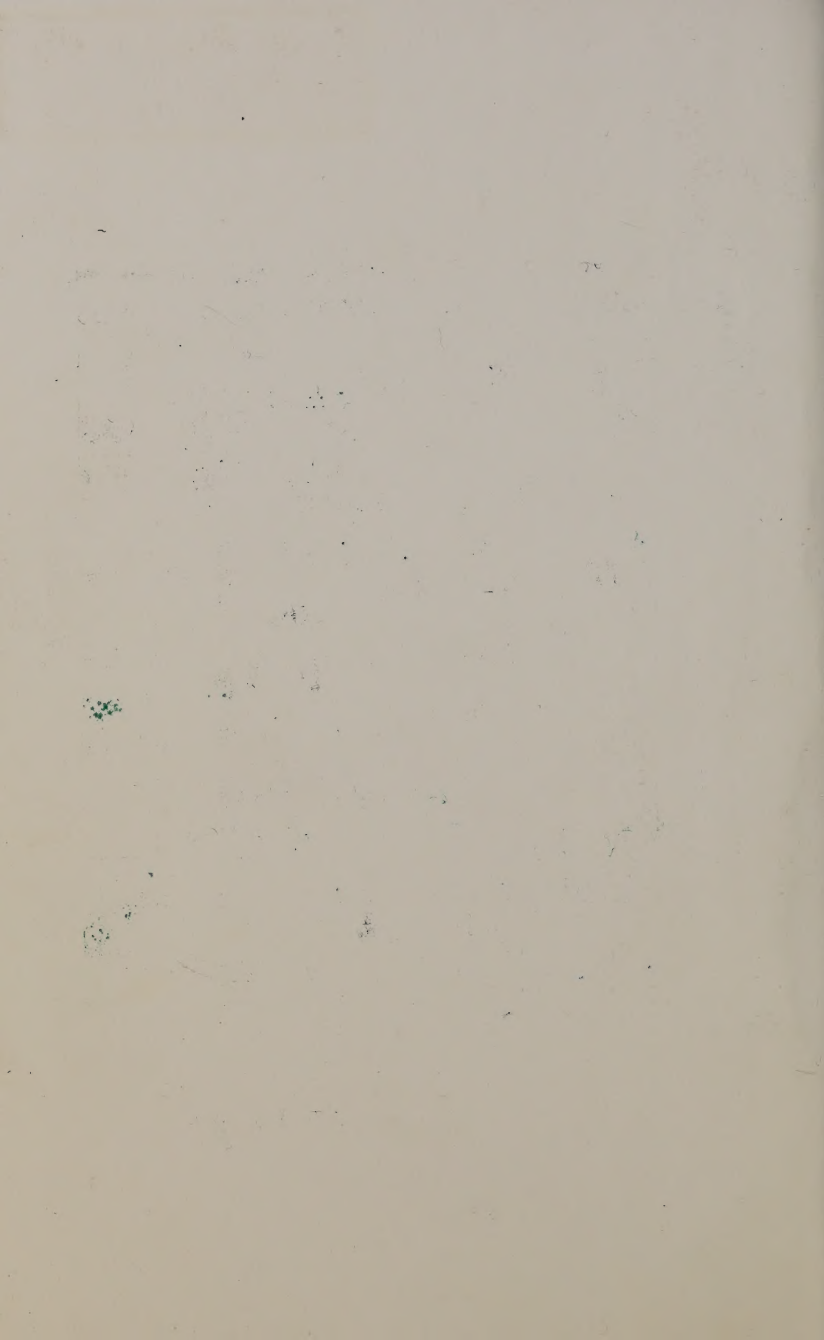
By learning self-hypnosis you have seen how you may help yourself in many small, but yet important, ways. By mastering the technique of hypnotic and hypnoidal treatment of others you may, on occasion, save them from dire

calamity, and doubtless will be little thanked for your pains. It is characteristic of the ex-victim of an adjusted neurosis to brush aside the memory of whatever aid has been received in time of trouble.

Medical men say the ordinary person should not be permitted to give this help, because he cannot be trusted to keep faith with those he practises upon.

Let us show by our behaviour—the only real test—that we, who make ourselves useful in a sphere wherein pills and potions fail, are worthy to be respected and relied upon.

THE END





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